MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7498

CERTIFICATE OF DEATH

Reg. Dist. No. 07395

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore Co. — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills, Maryland

LENGTH OF STAY (in this place): 15 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: ~~City~~ Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 8

STREET ADDRESS (If rural, give location): 3309 Greenvale Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Charles		Aldeberg (ADLEBERG)	8/4/55		19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	white	single	12/8/51	3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Richard Aldeberg	Leona Eunice Zackon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491 X

Immediate cause (a) Acute Bronchitis Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Tay-Sacks Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July 20, 1955, to Aug. 4, 1955, that I last saw the deceased alive on Aug. 4, 19 55, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Harry G. Butler, M. D. Rosewood St. Tr. School, Owings Mills, Md. 8/4/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-5-1955	Rosedale	Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-5-55	[illegible]	Jack Lewis Inc	2100 Eutaw Pl.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07396

7499 CERTIFICATE OF DEATH Reg. Dist. No. 47

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 34 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNSYLVANIA COUNTY PHILADELPHIA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PHILADELPHIA 75X-3
STREET ADDRESS (If rural give location) 435 N. FORTIETH STREET

3. NAME OF DECEASED: (Type or Print) (First) MARVIN (Middle) R. (Last) AMBLER

4. DATE OF DEATH: (Month) AUGUST (Day) 15 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 12/15/02
9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even though retired): TRUCK DRIVER
10B. KIND OF BUSINESS OR INDUSTRY: TRUCKING
11. BIRTHPLACE (State or foreign country): CONSHOHOCKEN, PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ELLWOOD AMBLER
14. MOTHER'S MAIDEN NAME: MARTHA HERRON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 173-01-2173
17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) CARCINOMA OF LEFT LUNG, METASTATIC TO XXXXXX RIGHT 10TH RIB — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7/27/55
19B. MAJOR FINDINGS OF OPERATION: EXCISION OF TISSUE FROM RT. 10TH RIB FOR BIOPSY
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 12, 1955, to AUG. 15, 1955 XXXXXXXXXXXXXXXXXXXXXX, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

SIGNATURE Joseph M. Miller M.D. ADDRESS JOSEPH M. MILLER, M.D., Chief, Surgical Service VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL
DATE THEREOF 8/16/55
NAME OF CEMETERY OR CREMATORY GEORGE WASHINGTON MEMORIAL
LOCATION (City, town, or county) (State) WHITEMARSH, PENNA.

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR AND ADDRESS WM.COOK-BLIGHT, INC. 6009 HARFORD RD. 6009 HARFORD RD., BALTIMORE 14, MD.

SHIPPED TO: HAROLD B. MULLIGAN FUNERAL HOME 1119 W. LEHIGH ST., PHILADELPHIA, PA.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

07397

MARYLAND STATE DEPARTMENT OF HEALTH

7410

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place) 20 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bet. Steel Disp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
53
STREET ADDRESS (If rural, give location) 7302 HOLABIRD AVE

3. NAME OF DECEASED (Type or Print): (First) HYLES (Middle) MELVIN (Last) ARNEW

4. DATE OF DEATH: (Month) Aug. (Day) 11 (Year) 19

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: AUG. 23, 1898

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OPERATING ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): ONTARIO CANADA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? ARNEW

14. MOTHER'S MAIDEN NAME: EMMA RHOADES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: MRS. LYAL ARNEW 7302 HOLABIRD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) A-S-C-V- Disease
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

M B Davis M.D. Dep. Med. Exam. - Dundalk-Pk-Md. 8/16/55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: AUG. 15, 1955 | NAME OF CEMETERY OR CREMATORY: MORELAND PARK | LOCATION (City, town, or county) (State): PARKVILLE MD

DATE REC'D BY LOCAL REG. 8-17-55 | REGISTRAR'S SIGNATURE: A.W. Ulrich

24. FUNERAL DIRECTOR | ADDRESS: ULLRICH FUNERAL HOME 2112 DUNDALK

DMR

VS. A15A

7411

07398 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seminary Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Beltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lutherville X
STREET ADDRESS (If rural, give location) Seminary Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) (Last) AYERS

4. DATE OF DEATH (Month) 8 (Day) 28 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 8/24/1906

9. AGE Last birthday: (49) 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laboere

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Lutherville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry T. Ayers

14. MOTHER'S MAIDEN NAME: Annie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Marie Webb-Seminary Ave. Lutherville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

581.0

Immediate cause (a) Fatty infiltration of liver

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? partial

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 8/29/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9/1/55

NAME OF CEMETERY OR CREMATORY Mt. Zion Cemtery

LOCATION (City, town, or county) (State) LongGreen Md.

DATE REC'D BY LOCAL REG. 8-31-55

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS Holland Funeral Home 1631 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7412 **CERTIFICATE OF DEATH** Reg. Dist. No. 07399

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Larchmont
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2414 Poplar Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Larchmont X
STREET ADDRESS (If rural give location) 2414 Poplar Drive

3. NAME OF DECEASED: (Type or Print) (First) HARRIET (Middle) ELIZABETH (Last) BABCOCK

4. DATE OF DEATH: (Month) AUG. (Day) 9, (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): D | 8. DATE OF BIRTH: Nov. 30, 1903 | 9. AGE last birthday 51 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry R. Munroe
14. MOTHER'S MAIDEN NAME: Anna Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) nor (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. A. Maxine Penn 2414 Poplar Drive

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

350X
IMMEDIATE CAUSE (A) PARKINSON'S DISEASE — 12 YRS.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1955, to Aug. 9, 1955, that I last saw the deceased alive on Feb. 15, 1955, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE Marvin Goldstein M. D. ADDRESS 5334 Liberty Heights Ave. DATE SIGNED Aug. 9, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-11-1955 | NAME OF CEMETERY OR CREMATORY Lorraine Park | LOCATION (City, town, or county) Woodlawn, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8/11/55 | REGISTRAR'S SIGNATURE C. A. Hedrick | 24. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.,

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7413 07400

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Reisterstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bond Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Bond Avenue

3. NAME OF DECEASED: (Type or Print) (First) Calvin (Middle) McDowell (Last) Beachum

4. DATE OF DEATH (Month) August (Day) 1 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: May 30, 1899

9. AGE Last birthday: 56 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Dairy Accounting

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elijah T. Beachum

14. MOTHER'S MAIDEN NAME: Mary C. Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes
(If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 213-07-9362

17. INFORMANT & ADDRESS: Calvin H. Beachum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 420.1 Coronary Artery Disease — Interval Between Onset and Death: 1 yr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. none

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY none

21c. (City or town) (County) (State) none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none M.

21e. INJURY OCCURRED While at work ☐ none Not while at work ☐

21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-5-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug. 3, 1955

NAME OF CEMETERY OR CREMATORY Still Pond Methodist Cem.

LOCATION (City, town, or county) (State) Kent Co., Md.

DATE REC'D BY LOCAL REG. 8-5-55

REGISTRAR'S SIGNATURE Mary B. Elmer

24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Md.

7411

07401

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 612 Register Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Baltimore~~
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 838 N. Eutaw St.

3. NAME OF DECEASED: (Type or Print) (First) EDGAR (Middle) RUSSELL (Last) BEARD

4. DATE OF DEATH (Month) Aug. (Day) 3, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 30, 1902

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Helper

10b. KIND OF BUSINESS OR INDUSTRY: National Brewery

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Beard

14. MOTHER'S MAIDEN NAME: Delia Finn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: 215-03-7625

17. INFORMANT & ADDRESS: Catherine Kane-sister-2922 Strickland St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic cardiovascular disease — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

422.1 (320)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute alcoholism

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R V Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8/4/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug. 6, 1955

NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

LOCATION (City, town, or county) (State) Ritchie Highway Balto. Md.

DATE REC'D BY LOCAL REG. 8-5-55

REGISTRAR'S SIGNATURE R W Hedrick

24. FUNERAL DIRECTOR ADDRESS KRAUSE FUNERAL HOME 1216 S. Charles St. Balto. 30

Duc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07402

7415

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cold Nursing Home 301 W Chesapeake ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Agnes (Middle) Susan (Last) Beasley
4. DATE OF DEATH: (Month) Aug (Day) 21 (Year) 1955
5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Nov 30-1862
9. AGE last birthday 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Jay
14. MOTHER'S MAIDEN NAME: Mary G. Davis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Mrs Herman Hobelmann 702 Colonial Ave Dover 10

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0
IMMEDIATE CAUSE (A) Respiratory Failure
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Generalized Arterio-sclerosis 10-16 yrs
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1954 to Aug., 1955 that I last saw the deceased alive on Aug 15, 1955., and that death occurred at 7:20 P.M, from the causes and on the date stated above.
SIGNATURE Dr. A. Sedlack, M. D.
ADDRESS 200 W. Penna. Ave Towson 4 Md
DATE SIGNED 8/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 24 1955
NAME OF CEMETERY OR CREMATORY Loraine Park
LOCATION (City, town, or county) Balto Co (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 22, 1955
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR John Burns Sons ADDRESS Towson 4

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7416 **CERTIFICATE OF DEATH** Reg. Dist. No. 07403

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 15 Hours 40 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 2539 St. Paul Street ✓

3. NAME OF DECEASED: (Type or Print) (First) WYLIE (Middle) K (Last) BELL

4. DATE OF DEATH: (Month) AUGUST (Day) 27 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): DIVORCED

8. DATE OF BIRTH: 7-16-97

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY: AUTO PARTS

11. BIRTHPLACE (State or foreign country): HARTSVILLE, SOUTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: WYLIE K. BELL

14. MOTHER'S MAIDEN NAME: MARY BELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 218-10-2624

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — 5 YEARS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from AUG. 26, 1955, to AUG. 27, 1955, and that death occurred at 9:40A M, from the causes and on the date stated above.

SIGNATURE Irving Freeman ADDRESS VAH Ft. HOWARD, MD DATE SIGNED 8/27/55

IRVING FREEMAN, M.D. M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF AUG. 29, 1955 — NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY — LOCATION (City, town, or county) (State) WOODLAWN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8-29-55 — REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR H. SANDER & SONS INC. ADDRESS NORTHAVE & BROADWAY BALTO. MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07404

7417 CERTIFICATE OF DEATH Reg. Dist. No. 36

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Offutt Memorial Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 V 01-4
STREET ADDRESS (If rural give location) 6010 York Rd.

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) T. (Last) Benson

4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 1867 1868

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): H. W.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hancock Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Taylor

14. MOTHER'S MAIDEN NAME: Taylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: E. Edwin H. Benson - manor Rd Lutherville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

422.1
Immediate cause (a) Myocardial Insufficiency 5 mos
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-Sclerosis 5 yrs
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1955, to Aug 14, 1955, that I last saw the deceased alive on Aug 13, 1955, and that death occurred at 7 45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
E. Edwin H. Benson Manor Rd Lutherville Md. 8/14/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF AUG. 17, 1955 NAME OF CEMETERY OR CREMATORY JESSOPS LOCATION (City, town, or county) COCKEYSVILLE (State) MD.

DATE REC'D BY LOCAL REGISTRAR 8/15/55 REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR Henry R. Jenkins Sons Co. ADDRESS 4905 York Rd

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7418 07405

Items 18&21 Firm G108 9-15-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Pikesville X
STREET ADDRESS (If rural, give location) 4101 Colby Rd. Pikesville

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) Helena (Last) BERNDT

4. DATE OF DEATH (Month) Aug. (Day) 22, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan. 26, 1892	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Germany	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Guckel	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Mrs. Edelmann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

929.0

Immediate cause (a) Drowning — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic cardiovascular disease

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY home	21c. (City or town) Pikesville	(County) Balto	(State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
8/22/55 M.		Found drowned in bathtub

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R R Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8/23/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 25, 1955	Meadowridge Cemetery	Balto	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/24/55		Frank R. Newell	Pikesville

7419 07406

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere Millers Island
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION or STREET ADDRESS Pusey's Boat Yard

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto #6, Fullerton
STREET ADDRESS (If rural, give location) 6912 Willowdale ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Wilmer (Last) Boyd
4. DATE OF DEATH (Month) Aug (Day) 8 (Year) 1955
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 9-13-1907
9. AGE Last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman. Shop Supt.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John Boyd
14. MOTHER'S MAIDEN NAME: Josephine Wilmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 215 05 7550
17. INFORMANT & ADDRESS: Mrs. Viola A. Boyd, 6912 Willowdale Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 10 Min
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cor. Vas disease — several years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF Aug 8 55 6 A M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE P. Mcannine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8/11/'55
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) (State) Balto Maryland

DATE REC'D BY LOCAL REG. 8-9-55
REGISTRAR'S SIGNATURE R. N. Redmile
24. FUNERAL DIRECTOR ADDRESS L. J. Ruck, Inc. 5305 Harford Rd, Balto

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07407

7420

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa
STREET ADDRESS (If rural, give location) 15 E. Midland Rd.

3. NAME OF DECEASED: (Type or Print) (First) BONNIE (Middle) G. (Last) BOYLEN

4. DATE OF DEATH: (Month) 8-15 (Day) (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 11/20/1955

9. AGE last birthday: yrs. 8 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto (City) Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ivan M. Boylen

14. MOTHER'S MAIDEN NAME: Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Parents Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
924.0 Immediate cause	(a) Asphyxiation	Immed.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Strangulation - caught head in	Immed
	DUE TO (c) crib - during night.	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Baltimore — (COUNTY): 20 — (STATE): Md

TIME (Month) (Day) (Year) (Hour) OF INJURY: Aug 15 1955 A M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Caught head in crib between side & spring during night

22. I hereby certify that I attended the deceased from Aug 15, 19 55, to Aug 15, 19 55, that I last saw the deceased alive on ——, 19——, and that death occurred at ——m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Louis Semenoff MD — ADDRESS 1437 Fuselage Ave Balto 20, Md — DATE SIGNED 8/16/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/16/55 — NAME OF CEMETERY OR CREMATORY: Belair Memorial — LOCATION (City, town, or county): Belair — (State): Md.

DATE REC'D BY LOCAL REG. 8/16/5 — REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR John G. Connelly — ADDRESS Essex, Md

20X4255396

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07408

CERTIFICATE OF DEATH

7421 Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard,
LENGTH OF STAY (in this place) 17 hrs. 40 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk 53
STREET ADDRESS (If rural give location) 280 St. Helena Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (Last) BRAMER

4. DATE OF DEATH: (Month) August (Day) 5, (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 8-10-83
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Steel Industry
11. BIRTHPLACE (State or foreign country): Vienna, Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Bramer
14. MOTHER'S MAIDEN NAME: Marie Holscher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1
16. SOCIAL SECURITY NO. 213-07-6538 Unknown
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Admin.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) OLD AND RECENT INFARCTION OF LEFT VENTRICLE	UNKNOWN
ANTECEDENT CAUSE (S)	DUE TO THROMBOSIS OF RIGHT CORONARY ARTERY	UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO ARTERIOSCLEROSIS AND HYPERTENSION	UNKNOWN
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	PARTIAL INFARCTION OF SMALL AND LARGE INTESTINE DUE TO ARTERIOSCLEROSIS	Unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9:00 PM, 8/4/55, to 2:40 PM. 8/5/55, that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at 2:40 PM, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift M.D. ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 8-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF AUG. 8, 1955
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 8, 1955
REGISTRAR'S SIGNATURE Dawson L. Carter
24. FUNERAL DIRECTOR ADDRESS Bradley Walter Brooks Funeral Home, Inc. 700 Willow Spring Rd., Baltimore 22, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7422

07409

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown — LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sorensen Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto City 3V01.4
STREET ADDRESS (If rural, give location) 706 portland St

3. NAME OF DECEASED (Type or Print): (First) PAULINE. (Middle) M (Last) BREED

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1955

5. SEX: Femal | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Jan 26 1871 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Howard County | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gustivus Schmidt | 14. MOTHER'S MAIDEN NAME: Katherine Reinehart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Fannie Bruchey 5319 Brookewood Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Myocarditis Chronic C Fracture — 1 month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) hypertrophy myocardium — some years

(c) arteriosclerosis generalized. — some years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Kyphosis Lumbar spine — Life time.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: no operation. | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: no | (CITY OR TOWN): none | (COUNTY): none. | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): no injury m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? no injury

22. I hereby certify that I attended the deceased from Aug 17, 1955, to Aug 26, 1955, that I last saw the deceased alive on Aug 26, 1955, and that death occurred at 12.10 R m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

James Graham Manton m.D | 516 Cathedral Street | 8-29-1955

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: Aug 29/55 | NAME OF CEMETERY OR CREMATORY: London park | LOCATION (City, town, or county) (State): 3801 Frederick Av

DATE REC'D BY LOCAL REG. 8-29-55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Martin J Conway | 5020 Brookewood Road

7423

08384
Reg. Dist.

Item 9, Film 186 9-15-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fund & Stockdale Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Street
STREET ADDRESS (If rural, give location) 12X-2

3. NAME OF DECEASED: (Type or Print) (First) Gilbert (Middle) R. (Last) Brook
4. DATE OF DEATH (Month) Aug (Day) 19 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb 21-1895
9. AGE last birthday: 60 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Stoner.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hellstern W. Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Robt Brook
14. MOTHER'S MAIDEN NAME: Della Hess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 233-16-1343
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

910.3
Immediate cause (a) Crushed Skull. Immediate
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) Glen Arm (County) Balto 03 (State) Md
21d. TIME OF INJURY (Month) Aug (Day) 19. (Year) 55 (Hour) 11 45 M.
21e. INJURY OCCURRED While at work ☑ Not while at work ☐
21f. HOW DID INJURY OCCUR? True fell on his head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE T. McCormick M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Aug 22-55 | NAME OF CEMETERY OR CREMATORY Hellstern W Va | LOCATION (City, town, or county) (State) Hellstern W Va

DATE REC'D BY LOCAL REG. 8-24-55 | REGISTRAR'S SIGNATURE W. H. Hammett | 24. FUNERAL DIRECTOR Martin & Kurtz | ADDRESS Jamestown Pa

Items 6, 9; Film G155 8/11/55L

07410 WC
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: 7421

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sparrows Point

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 612 I Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Sparrows Point

STREET ADDRESS (If rural, give location) 612 I Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Addie		Brooks	Aug.	29	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	Colored	Widowed	March 23, ~~1873~~ 1880	75 ~~82~~ yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Greenville, Ga.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Simon Tucker	Charlotte Cowens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	Marian Welborn 121 Walnut St. Turner Station, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 422.2 Myocarditis — INTERVAL BETWEEN ONSET AND DEATH —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c) Senility —

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. P. Evans M.D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8/30/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/2/55	Arbutus Memorial Pk	Arbutus, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/31/55	Lillian Hedrick Asst	Charles R. Law	802-04 Madison Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07411 30

7425

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 18yr9mo10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick 10-11-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George Luther (Middle) Mason (Last) Brooks

4. DATE OF DEATH: (Month) (Day) (Year) August 3, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married?

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 71? yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

IMMEDIATE CAUSE (A) Pulmonary Embolism

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Thrombosis of femoral artery, left DUE TO

(C) Arteriosclerotic cardiovascular disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24- , 1936 to 8-3- , 1955, that I last saw the deceased alive on 8-3- , 1955 and that death occurred at 11:15 AM from the causes and on the date stated above.

SIGNATURE M. D. S. Wachsler ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Embalmed DATE THEREOF Aug 17 1955 NAME OF CEMETERY OR CREMATORY Chas. S. Mt. Med. Sel. LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 24, 1955 REGISTRAR'S SIGNATURE Victor E. Harvey

24. FUNERAL DIRECTOR The Gantry Brand & Co. per. H. Clinton ADDRESS 722.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07412

CERTIFICATE OF DEATH

7426 Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3 Y 0 1 - 4
STREET ADDRESS (If rural give location) 2236 W. BALTIMORE ST

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) R. (Last) BURKE

4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: 3/?/1889?

9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisher

10B. KIND OF BUSINESS OR INDUSTRY: MARBLE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William L. Burke

14. MOTHER'S MAIDEN NAME: [redacted] Morwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. ?

17. INFORMANT & ADDRESS: MR. WM. J. BURKE 34 BERNICE AVE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Cardio Vasc. D. — years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5? , 1955, to 8/8 , 1955, that I last saw the deceased alive on 8/8 , 1955, and that death occurred at 1.45 A.M. from the causes and on the date stated above.

SIGNATURE Stella Wachsler M.D. ADDRESS Spring Grove State Hosp. DATE SIGNED 8/8/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 8-10-55

NAME OF CEMETERY OR CREMATORY WESTERN

LOCATION (City, town, or county) (State) BALTIMORE, Md.

DATE REC'D BY LOCAL REGISTRAR 8-9-55

REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR George L. Schwab ADDRESS Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07334

7404 CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

1. PLACE OF DEATH: COUNTY a. a. Baltimore MARYLAND
CITY OR TOWN (If outside limits, write RURAL and give nearest town) X Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 159 Howard Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY a. a. Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lansdowne X
STREET ADDRESS (If rural give location) 159 Howard Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Henry C. Buschelberger

4. DATE OF DEATH (Month) (Day) (Year) Aug 2nd 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 6/16/1898
9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10B. KIND OF BUSINESS OR INDUSTRY: B&O R.R.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John J. Buschelberger
14. MOTHER'S MAIDEN NAME: Isabella Mayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Grace G. Buschelberger 159 Howard Ave. Lansdowne

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
199.1
IMMEDIATE CAUSE (A) Anaplastic Carcinoma, neck — INTERVAL BETWEEN ONSET AND DEATH 3½ mos
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28, 1955, to Aug 2, 1955, that I last saw the deceased alive on Aug. 1, 1955, and that death occurred at 10:15 AM, from the causes and on the date stated above.
SIGNATURE C. Arthur Rossberg M. D. ADDRESS M. D. 2436 Washington Blvd-30 DATE SIGNED 8/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/5/55
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 8-3-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Wm Cook 1217 St. Paul St.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7427

87413

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 1 mo. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01.4
STREET ADDRESS (If rural give location) 1504 Hollins Street

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) H. (Last) Conroy

4. DATE OF DEATH (Month) August (Day) 16, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-11-1890

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Conroy

14. MOTHER'S MAIDEN NAME: Mary Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Myocardial infarction — 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary arteriosclerosis thrombosis — 2 days

DUE TO (C) Coronary arteriosclerosis — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11-, 19 55 to 8-16-, 19 55 that I last saw the deceased alive on 8-16-, 19 55 and that death occurred at 3:15 PM, from the causes and on the date stated above.

SIGNATURE S. Wachsler M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 19/55

NAME OF CEMETERY OR CREMATORY St. Paul's-5-th Ref. Ch.

LOCATION (City, town, or county) (State) 5600 Cardiff Ave. Md

DATE REC'D BY LOCAL REGISTRAR 8 28 55

REGISTRAR'S SIGNATURE Wm. Hedrick Asst.

24. FUNERAL DIRECTOR Harry H. Mitzke ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

7428

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07414

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Owings Brook Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print): (First) India (Middle) Noble (Last) Constantine

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1955

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH May 12, 1886

9. AGE last birthday 69 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Reisterstown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ? Rau

14. MOTHER'S MAIDEN NAME ? Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 0

17. INFORMANT Mrs Jane Ford - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

171X Immediate cause (a) Carcinoma cervix c metastasis — 4 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis, generalized

(c) Coronary Insufficiency

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 August, 1955, to 25 August, 1955, that I last saw the deceased alive on 25 August, 1955, and that death occurred at 5:20 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles H. Williams	M.D.	Pikesville 8, Md	26 August 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	aug 29 - 1955	All Saints Cemetery	Reisterstown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-29-55	Mary B. Shue	Wm Berryman & Sons	Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7429

07415

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Glyn Falls ② | LENGTH OF STAY (in this place) 39 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 at Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Gwynns Falls X
STREET ADDRESS (If rural, give location) 6821 Libby Hill - ⑦

3. NAME OF DECEASED (Type or Print): (First) Walter — (Middle) Hancock — (Last) Cook

4. DATE OF DEATH: (Month) Aug — (Day) 18 — (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb-16-81

9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate

10b. KIND OF BUSINESS OR INDUSTRY: Property

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Tilghman Cook

14. MOTHER'S MAIDEN NAME: Agnes B. Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 215-32-0990

17. INFORMANT: Wm H Hook - Balto 7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X Immediate cause (a) Cardiac failure — Interval between onset and death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Prostate — 1½ yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Aug., 1955, that I last saw the deceased alive on 8-17, 1955 and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R V Stauch M.D. — ADDRESS 5022 Belle Ave — DATE SIGNED Aug-18-55

23. BURIAL, CREMATION, REMOVAL (Specify) Cremat | DATE THEREOF Aug 20 55 | NAME OF CEMETERY OR CREMATORY Dulaney Valley | LOCATION (City, town, or county) Pikesville (State)

DATE REC'D BY LOCAL REG. 8/19/55 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Edward Monn Co - ADDRESS 1028 North -

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07416

7439 Item 1, Film 186 9-16-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 45--XX DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Ba.Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OWINGS MILLS
STREET ADDRESS (If rural give location) GARRISON ROAD

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) M. (Last) CORBIN

4. DATE OF DEATH: (Month) AUGUST (Day) 23 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 5/29/16
9. AGE last birthday 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy equip. Operator
10B. KIND OF BUSINESS OR INDUSTRY: Road Construction
11. BIRTHPLACE (State or foreign country): COCKEYSVILLE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: GEORGE M. CORBIN
14. MOTHER'S MAIDEN NAME: MARGARET SHEELER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 220-05-7333
17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X
IMMEDIATE CAUSE (A) CARCINOMA OF THE RIGHT LUNG WITH METASTASIS TO RIB AND VERTEBRAL COLUMN — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: (1) 7-19-55 (2)7-25-55 (3)7-27-55
19B. MAJOR FINDINGS OF OPERATION (1)Bronchoscopy: Bronchial mucosal cells, (2)Myelogram: Probable metastatic turn to cauda equina.(3) Laminectomy L-5:Compression of dura & arachnoid by lamina L-5
20. AUTOPSY? YES ☐ NO XX

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 9, 1955, to AUG. 23, 1955, that I last saw the deceased on AUG. 23, 1955 and that death occurred at 1:50 AM from the causes and on the date stated above.

SIGNATURE Joseph M. Miller
ADDRESS JOSEPH M. MILLER, M.D., Chief, Surgical Service
DATE SIGNED 8-23-55
M.D. VAH, FORT HOWARD, MARYLAND

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 8-27-55
NAME OF CEMETERY OR CREMATORY FALLS RD. METHODIST CHAPEL
LOCATION (City, town, or county) (State) BALTIMORE COUNTY, MD.

DATE REC'D BY LOCAL REGISTRAR 8-23-55
REGISTRAR'S SIGNATURE Mary B. Kline
24. FUNERAL DIRECTOR ADDRESS JOSEPH F. ELINE & SONS FUNERAL HOME REISTERSTOWN, MARYLAND

7431 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07417

Reg. Dist. No.....

Interm: Fairview Gdns - 8/16/55

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point; LENGTH OF STAY (in this place) X; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point; STREET ADDRESS (If rural, give location) 512 D St

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E (Last) Cox

4. DATE OF DEATH: (Month) Aug 13/55 (Day) 8/13/55 (Year) 19

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~Married~~

8. DATE OF BIRTH: May 14 1896

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Indianna

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Mordica

14. MOTHER'S MAIDEN NAME: Maude Louiso

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Samuel Cox Jr 512 D St Sparrows Point

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155X Immediate cause (a) Generalized Carcinomatosis — 3 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of gall bladder — 8 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 55, to Aug 12, 19 55, that I last saw the deceased alive on Aug 12, 19 55, and that death occurred at 5:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

James G. Means M.D. 520 D St Balto 19 Md. 8/15/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Aug 16/55 | NAME OF CEMETERY OR CREMATORY Maryland Mem | LOCATION (City, town, or county) (State) Balto Co

DATE REC'D BY LOCAL REG. 8/16/55 | REGISTRAR'S SIGNATURE Robert Hebert | 24. FUNERAL DIRECTOR Wilson Funeral Home | ADDRESS 4210 Belair Road

Cross

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 8: Film G184
8/9/55 dmr.

07418

MARYLAND STATE DEPARTMENT OF HEALTH

7432

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural, give location) 812 Kingston Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) S. (Last) Crichton
4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 2, 1899
9. AGE last birthday: 55 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Representative
10b. KIND OF BUSINESS OR INDUSTRY: Pharmaceuticals
11. BIRTHPLACE (State or foreign country): Petersberg, Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Crichton
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: ?
17. INFORMANT AND ADDRESS: Mr. William S. Crichton, Jr. 812 Kingston Rd. 12

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (433.1)	(a) Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pain in chest & Auricular	
	(c) Fibrillation	2 Months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Charles F. O'Donnell M.D. | 3501 York Rd Towson 4 | 8/1/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8/3/55 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 8/2/55 | REGISTRAR'S SIGNATURE: A.W.Hedrich dmr. | 24. FUNERAL DIRECTOR: Wm. J. Tickner & Son | ADDRESS: N. & Pa. Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07419

7433 **CERTIFICATE OF DEATH** Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 2yr10mos16days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01.4
STREET ADDRESS (If rural give location) 4400 Kathland Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Frederick (Last) Cullison
4. DATE OF DEATH: (Month) August (Day) 18, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12/[illegible]3-1883	71 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master Mariner [illegible]in
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Cullison
14. MOTHER'S MAIDEN NAME: Elalina Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-14-0983A
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 IMMEDIATE CAUSE	(A) Cerebrovascular accident	
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Arteriosclerotic cardiovascular disease	
	(C) DUE TO Generalized arteriosclerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2- , 1952 to 8-18- , 1955 that I last saw the deceased alive on 8-18- , 1955, and that death occurred at 12:40 PM, from the causes and on the date stated above.
SIGNATURE M. D. S. Wachter ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/20/55
NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.
LOCATION (City or town) (County) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 8-19-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. J. Tichner & Sons ADDRESS Balto 17 Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

07420

MARYLAND 7434

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8733 Satyr Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville X
STREET ADDRESS (If rural, give location): 8733 Satyr Hill Road

3. NAME OF DECEASED (Type or Print): (First) Mrs. Mary (Middle) Agnes (Last) Dannenmann

4. DATE OF DEATH: (Month) August (Day) 21, (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 22, 1869

9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Long Green, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. James J. Ohler

14. MOTHER'S MAIDEN NAME: Mary A. Nolan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Lloyd Breidenbaugh, 8733 Satyr Hill Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerotic cardio vascular disease — INTERVAL BETWEEN ONSET AND DEATH

422.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15/50, to 8/21/55, that I last saw the deceased alive on 8/20/55, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

SIGNATURE: Lon Am Green (Degree or title) MD ADDRESS: 85 1/2 Hook Pkwy Balt 8/22/55 DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Aug. 25, 1955
NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
LOCATION (City, town, or county) (State): Long Green, Maryland

DATE RECD BY LOCAL REG.: 8/22/55
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

Dr. Grau
8523 Loch Raven Blvd.

7435 07421

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2913 Dennis Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Isabella (Middle) Louise (Last) Davenport

4. DATE OF DEATH (Month) Aug (Day) 19 (Year) 1955

5. SEX: Fem

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: June 27/911

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Co, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Parlow.

14. MOTHER'S MAIDEN NAME: Fannie Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

174X

Immediate cause (a) Generalized Carcinomatosis.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cancer Uterus.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) Aug (Day) 19 (Year) 55 (Hour) 1 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J M Carmine M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): DATE THEREOF 8-22-55 NAME OF CEMETERY ~~OR CREMATORY~~ Mt Calvary LOCATION (City, town, or county) (State) A.A. Co. Md

DATE REC'D BY LOCAL REG. 8-19-55 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Samuel W. Sullivan Jr. Balto.

Dress

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07422

7436 CERTIFICATE OF DEATH Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3Y01-4
STREET ADDRESS (If rural give location) 5100 PLYMOUTH ROAD

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) A. (Last) DAVIS, JR.

4. DATE OF DEATH: (Month) AUGUST (Day) 24 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 9/11/10

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POLICEMAN

10B. KIND OF BUSINESS OR INDUSTRY: BALTIMORE CITY

11. BIRTHPLACE (State or foreign country): TOWSON, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: HARRY A. DAVIS, SR.

14. MOTHER'S MAIDEN NAME: GERTRUDE HALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 212-01-8829

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSPITAL, FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 416X	(A) CONGESTIVE FAILURE	3 YEARS
ANTECEDENT CAUSE (S)	(B) DUE TO RHEUMATIC HEART DISEASE	30 YEARS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 21, 1955, to AUG. 24, 19 55 XXXXXXXXXXXXXXXXXXXX, and that death occurred at 1:45A M, from the causes and on the date stated above.

SIGNATURE Riving Freeman ADDRESS DATE SIGNED

RIVING FREEMAN, M.D., Acting Chief, Medical Service VAH, FORT HOWARD, MARYLAND 8-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	8/26/55	BALTIMORE NATIONAL CEMETERY	BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8/24/55 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR AND ADDRESS LEONARD RUCK FUNERAL HOME 5305 HARFORD RD., BALTIMORE, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7437 MARYLAND STATE DEPARTMENT OF HEALTH 07423

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Pikesville
LENGTH OF STAY (In this place) 35 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Druid Ridge Cemetery

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville 8 X
STREET ADDRESS (If rural, give location) 106 Old Court Rd. /

3. NAME OF DECEASED (Type or Print): (First) August (Middle) Leo (Last) Deller
4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7-7-1892	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cemetery worker
10b. KIND OF BUSINESS OR INDUSTRY: Druid Ridge
11. BIRTHPLACE (State or foreign country): Howard CO. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Deller
14. MOTHER'S MAIDEN NAME ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS: Salvatura M. Deller (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary artery Disease — 6 mo.

Antecedent cause (b)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None, (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. D. Caples M.D. Reisterstown, Md Aug 7 '55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 8, 1955	Druid Ridge	Pikesville, Md

DATE REC'D BY LOCAL REG. AUG 8, 1955 | REGISTRAR'S SIGNATURE Howard A. Newell | 24. FUNERAL DIRECTOR Frank H. Newell ADDRESS Pikesville Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7425

CERTIFICATE OF DEATH

Reg. Dist. No. 07424

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4413 Alan Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
STREET ADDRESS (If rural, give location): 4413 Alan Drive

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Sewell Joseph Dobbs

4. DATE OF DEATH: (Month) (Day) (Year): August 6, 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Mar. 3, 1898

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Transit

11. BIRTHPLACE (State or foreign country): Ill.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward Dobbs

14. MOTHER'S MAIDEN NAME: Mary Menard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): yes — (If Yes, give war or dates of service): World War 1

16. SOCIAL SECURITY NO.: 213-05-9320

17. INFORMANT & ADDRESS: Pauline Dobbs 4413 Alan Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (420.1)	(a) Myocardial Infarction – Coronary Disease	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO: Anginal Syndrome	1½ years
	(c) DUE TO:	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to Aug 6, 1955, that I last saw the deceased alive on Aug 4, 1955, and that death occurred at 12.15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John F. Callahan, M.D. 4201 Wilkens Ave #29 8/6/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8-9-55

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 8-9-55

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: Howard H. Hubbard, 4107 Wilkens Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07425

7438

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X FORT HOWARD
LENGTH OF STAY (in this place): 36 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: DORCHESTER
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HURLOCK 09X-2
STREET ADDRESS (If rural give location): ROUTE #2, BOX 59 ✓

3. NAME OF DECEASED (Type or Print): (First) ISAAC (Middle) S. (Last) DUKES

4. DATE OF DEATH: (Month) AUGUST (Day) 29 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): DIVORCED

8. DATE OF BIRTH: 3/21/92

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10B. KIND OF BUSINESS OR INDUSTRY: CANNERY

11. BIRTHPLACE (State or foreign country): DORCHESTER COUNTY, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WILLIAM DUKES

14. MOTHER'S MAIDEN NAME: CLARA FRAZIER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES ✓ (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSPITAL, FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE (A) CARCINOMA OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1-28-55

19B. MAJOR FINDINGS OF OPERATION: Subtotal Gastrectomy - Carcinoma of Stomach

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I X VA attended the deceased from JULY 24, 1955, to AUG. 29, 1955, [redacted], and that death occurred at 1:45 AM, from the causes and on the date stated above.

SIGNATURE: FRANCIS G. DICKEY, M.D., Chief, Medical Service — ADDRESS: M.D. VAH, FORT HOWARD, MARYLAND — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: aug 31 1955 — NAME OF CEMETERY OR CREMATORY: Washington Cemetery — LOCATION (City, town, or county) (State): Hurlock, Maryland

DATE REC'D BY LOCAL REGISTRAR: Aug 29-55 — REGISTRAR'S SIGNATURE: Simon L. Harbor

24. FUNERAL DIRECTOR — ADDRESS: H. H. Willoughby & Son, New Market, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 07426

7439

1. PLACE OF DEATH:
COUNTY: Baltimore County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 55 Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 13 Sheppard & Enoch Pratt Hosp. Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville, Maryland X
STREET ADDRESS (If rural give location): 1 Seminary Avenue

3. NAME OF DECEASED (Type or Print): (First) Emily (Middle) Jeanette (Last) Duncan

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: February 1, 1897

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank I. Duncan

14. MOTHER'S MAIDEN NAME: Clara Eaverson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
491X Immediate cause	(a) BILATERAL LOBULAR PNEUMONIA	1 wk.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) PSYCHOTIC DEPRESSIVE REACTION	6. mos.
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 May, 19 55, to 10 August, 1955, that I last saw the deceased alive on 10 August, 19 55, and that death occurred at 6:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harry W. Murdock M.D. — ADDRESS — DATE SIGNED: Aug 11, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 8/13/55 — NAME OF CEMETERY OR CREMATORY: Jessops — LOCATION (City, town, or county) (State): Cockeysville, Md.

DATE REC'D BY LOCAL REGISTRAR: 8-12-55 — REGISTRAR'S SIGNATURE: C. W. Redrick

24. FUNERAL DIRECTOR — ADDRESS: H. W. Meades & Son 705 N. Calvert St.

R.F.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

07427

7440

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Fullerton N. PO — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 9120 Belair Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton. P.O. X
STREET ADDRESS (If rural, give location) 9120. Belair Rd

3. NAME OF DECEASED (Type or Print): (First) William. (Middle) G (Last) Dunty

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 22 1893

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Black + Decker

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Wm G Dunty

14. MOTHER'S MAIDEN NAME: Elizabeth —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Albert Smith. 9116 Belair Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Cerebral hemorrage, at mid. cereb. artery. — 10 days,

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio Vascular desease — 2 yrs.

(c) Arterio sclerosis — undet.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hobo pneumonia Lt. Lft. — 6 days.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Aug, 1955, to 17 Aug, 1955, that I last saw the deceased alive on 16 Aug, 1955, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John C. H/C MD — ADDRESS 7527 Belair Rd Balto Md — DATE SIGNED 18 Aug 55

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8/20/55 — NAME OF CEMETERY OR CREMATORY Moreland Mem. Park — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 8-18-55 — REGISTRAR'S SIGNATURE W M Hammett — 24. FUNERAL DIRECTOR — ADDRESS Lassahn Funeral Home 7401. Belair Rd.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07428

7441

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 52
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Catonsville Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Woodstown Rd 15 X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HETTY (Middle) CLCINDIA (Last) DWYER

4. DATE OF DEATH: (Month) (Day) (Year) 2 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct 22 1869

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Howard Co Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Robert Brown

14. MOTHER'S MAIDEN NAME: Calcindia Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Goldie Leishear Woodstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic Myocardial Degeneration — Interval Between Onset and Death: 10 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving risa to the above cause stating the underlying cause last

(b) Arterio Sclerotic Cardio Vascular Dis. — 15 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: no operation

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1955, to Aug 2, 1955, that I last saw the deceased alive on July 29, 1955, and that death occurred at 8 25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joshua H. Annacott M.D. ADDRESS 6419 Windsor Mill Rd DATE SIGNED 8-2-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug 4 1955

NAME OF CEMETERY OR CREMATORY Provisions

LOCATION (City, town, or county) (State) Howard Co Md

DATE REC'D BY LOCAL REG. 8-2-55

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Roy W Barber ADDRESS Lodonville Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07429

7442

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Cedar Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 13 Cedar Ave

3. NAME OF DECEASED: (Type or Print) (First) Oliver (Middle) Bagley (Last) Eckhart

4. DATE OF DEATH: (Month) (Day) (Year) Aug 11 — 1955

5. SEX: M | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): | 8. DATE OF BIRTH: Oct 3-1879 | 9. AGE last birthday 75 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired. | 10B. KIND OF BUSINESS OR INDUSTRY: Nursery. | 11. BIRTHPLACE (State or foreign country): Sunny brook Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm Eckhart | 14. MOTHER'S MAIDEN NAME: Amanda Wesley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. 212-32-2909 | 17. INFORMANT & ADDRESS: Robert F. Eckhart Towson 4

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181X

IMMEDIATE CAUSE (A) DUE TO Carcinoma of Bladder — 2 yrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO —

(C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (Clty or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1954 to August 11, 1955, that I last saw the deceased alive on August 11 1955, and that death occurred at 3:45 M, from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell M. D. ADDRESS 7501 York Rd DATE SIGNED 8/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 15-1955 | NAME OF CEMETERY OR CREMATORY Chestnut Grove | LOCATION (City, Township or County) Jacksonville (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 14, 1955 | REGISTRAR'S SIGNATURE Mabel C. Gray | 24. FUNERAL DIRECTOR John Burns & Son. | ADDRESS Towson 4

07430

7443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6910 Beech Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) 6910 Beech Ave

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) T (Last) Eick

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 19 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: July 8-1890 | 9. AGE last birthday: 65 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Balto City Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Michael Beathold
14. MOTHER'S MAIDEN NAME: Anna Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Harry Lytle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Hemmorhage — Interval Between Onset and Death: 1/2 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — 10 yr.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6, 19 55, to 8-7, 19 55, that I last saw the deceased alive on 8-7, 19 55, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE: Adam G Weiss — (Degree or title) M.D. — ADDRESS 6232 Belair Road — DATE SIGNED Aug. 8, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8/11/55 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county): Balto (State): Md

DATE REC'D BY LOCAL REG. Aug. 8 1955 | REGISTRAR'S SIGNATURE Mrs. M. D. Reifsnider

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07431

7444

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 607 S. Hilton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
STREET ADDRESS (If rural give location) 607 S. Hilton Ave.

3. NAME OF DECEASED: (First) Percy (Middle) Cecil (Last) Embury
4. DATE OF DEATH: (Month) Aug. (Day) 4, (Year) 1955.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	May 31, 1878.	77 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist
10B. KIND OF BUSINESS OR INDUSTRY: Retail Sales
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Embury
14. MOTHER'S MAIDEN NAME: Susan Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 212-10-3045
17. INFORMANT & ADDRESS: Melvin W. Embury, 607 S. Hilton Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
204.0 IMMEDIATE CAUSE	(A) Chr. Lymphatic Leukemia	9 mon
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4, 1954, to 8-4, 1955, that I last saw the deceased alive on 8-4, 1955, and that death occurred at 11 P. M., from the causes and on the date stated above.
SIGNATURE James Estoreef M. D. ADDRESS Catonsville DATE SIGNED 8-6

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/8/55.	Loudon Park Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-7-55	C. E. Harry	Easton Sons,	Catonsville 28, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7445 **CERTIFICATE OF DEATH**

07432

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: X Cockeysville
LENGTH OF STAY (in this place): 8 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 94 Balto. County Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point X
STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Eresson

4. DATE OF DEATH: (Month) August (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 21, 1884

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Eresson

14. MOTHER'S MAIDEN NAME: Mary Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs Ellen Sabre - 308 D. St Sparrows Point

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Cerebral embolism — Interval Between Onset And Death: 10 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Auricular fibrillation

DUE TO

(c) Arteriosclerotic heart disease — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1952, to Aug. 9, 1955, that I last saw the deceased alive on Aug. 9, 1955, and that death occurred at 7:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth B. Sherrill, M.D. — ADDRESS Cockeysville, Md. — DATE SIGNED 8/9/55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 8-10-55 — NAME OF CEMETERY OR CREMATORY St. Joseph — LOCATION (City, town, or county) (State) Cockeysville, Md

DATE REC'D BY LOCAL REGISTRAR 8/9/55 — REGISTRAR'S SIGNATURE Wm. J. Linhardt

24. FUNERAL DIRECTOR — ADDRESS Brooks Funeral Service, Sparrows Point, Md

J. Scott Brooks

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

7446 07433

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Notch Cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 94 Villa Maria Glenarm P.O. Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson X
STREET ADDRESS (If rural, give location) Glenarm Rd.

3. NAME OF DECEASED (Type or Print): (First) Sister Mary (Middle) Dignata (Last) FESSLER.

4. DATE OF DEATH: (Month) Aug. (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 4 1882

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FESSLER

14. MOTHER'S MAIDEN NAME: Martina Haefele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sr Mary Clara Notch Cliff, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
172X	Immediate cause	(a) Coronary occlusion	Sudden
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic Carcinoma general	2 yrs.
		(c) Carcinoma Body of uterus	5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1954, to Aug 23, 1955, that I last saw the deceased alive on Aug 16, 1955, and that death occurred at 10.20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles F. O'Donnell MD ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 8-26-55.
NAME OF CEMETERY OR CREMATORY: VILLA MARIA CEM.
LOCATION (City, town, or county) (State): NOTCH CLIFF NR TOWSON MD

DATE REC'D BY LOCAL REG.: Aug 25 1955
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Charles A. Zeiler ADDRESS: 901 S. CONKLING ST. BALTO, 24, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07434

7447 CERTIFICATE OF DEATH Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 79 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Shadynook Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 52
STREET ADDRESS (If rural give location) 1205 Frederick Road 1

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) LOUISE (Last) FREUND

4. DATE OF DEATH: (Month) Aug. (Day) 31, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 9, 1876

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Freund

14. MOTHER'S MAIDEN NAME: Magdalena Zihner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Miss Marie Heidelbach 1005 Frederick Rd. Catonsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Essential Hypertension chronic — INTERVAL BETWEEN ONSET AND DEATH 12 yrs

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cerebral Hemorrhage — 4 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 26 to 8-31 ....., 1955, that I last saw the deceased alive on 8-30, 1955, and that death occurred at 3:45 A M, from the causes and on the date stated above.

SIGNATURE Robert B. Taylor M. D. ADDRESS Ellicott City Md DATE SIGNED 9-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 9/2/55 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 9-2-55 REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Easton Sons ADDRESS Catonsville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

07435

7448

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. — LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bet. Steel Disp —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2118 E. Biddle St.

3. NAME OF DECEASED (Type or Print): (First) LAST Fulwood (Middle) W. (Last) FIRST James.

4. DATE OF DEATH (Month) 8 (Day) 15 (Year) 19 55

5. SEX M

6. COLOR OR RACE Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH 10-8-1919

9. AGE last birthday 35 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor

10b. KIND OF BUSINESS OR INDUSTRY Steel Plant

11. BIRTHPLACE (State or foreign country) Williamsburg S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Walter Fulwood Sr.

14. MOTHER'S MAIDEN NAME Estella Bergus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. #2

16. SOCIAL SECURITY NO. 248-26-3940

17. INFORMANT AND ADDRESS Emma Mc Knight 2118 E Biddle St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Myocarditis - Chronic — 2/17/55
(c) Coronary Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W. W. Davis M.D. Dep. Med. Exam. — Dundalk-Va. Md. — 8/15/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8-19-1955 — NAME OF CEMETERY OR CREMATORY National Cemetery — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 8/18/55 — REGISTRAR'S SIGNATURE W. Wedeck/Int — 24. FUNERAL DIRECTOR ADDRESS Randolph J. Collick 1412 E. Preston St.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07436

7449

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 52 Catonsville — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Catonsville Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie 02X-2
STREET ADDRESS (If rural give location) Route 2 - Box 249 - Point Pleasant

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) P (Last) Gabler

4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	Single	January 30, 1882	73 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Governess (ret.)	Self Employed	New York, New York	U.S.A.

13. FATHER'S NAME: Julius Gabler

14. MOTHER'S MAIDEN NAME: Antonia Kutsvhinska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
No	—	054-14-5142A	Mrs. Eleanore L. Seaborn — Route 2 - Box 249 Glen Burnie Point Pleasant, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) ~~S~~ Myocarditis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Senility with Severe Arteriosclerosis & Cerebral Anoxia

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan, 19 55, to Aug, 19 55, that I last saw the deceased alive on Aug 6, 19 55, and that death occurred at 4 00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank A. Kasik, Jr. M.D.	9005 Harford Rd.	8/10/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	August 12, 1955	Fort Lincoln	Prince George Co.,	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 10, 1955	Tyston E. Harvey L.I. Deaths	TPV Singleton, Glen Burnie, Md.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07437

CERTIFICATE OF DEATH

7450

Reg. Dist. No. 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Towson 4
LENGTH OF STAY (in this place) 55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 29 Normal Terrace 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4 55
STREET ADDRESS (If rural give location) 29 Normal Terrace

3. NAME OF DECEASED: (Type or Print) (First) Webster (Middle) Thomas (Last) German
4. DATE OF DEATH: (Month) Aug (Day) 27 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Mar 22 1889
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Inspector Md Steel Co
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas J German
14. MOTHER'S MAIDEN NAME: Josephine Eakens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 705-10-8852
17. INFORMANT & ADDRESS: Mrs Evan D German 29 Normal Ter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
163X
Immediate cause (a) DUE TO Respiratory insufficiency — Interval Between Onset And Death: 3 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO carcinoma, lung.
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. generalized arteriosclerosis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1955, to Aug 27, 1955, that I last saw the deceased alive on Aug 27, 1955, and that death occurred at 10:10 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) James R Powell M.D. ADDRESS Lutherville, Md. DATE SIGNED Aug 27, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 30 1955
NAME OF CEMETERY OR CREMATORY Loyes Baptist
LOCATION (City, town, or county) (State) Lutherville Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 28, 1955
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR John Burns Sons ADDRESS 6 York Road Towson 4

VS. A15

7451 07439

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Reisterstown
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2 - Berrymans Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Route 2 - Berrymans Lane

3. NAME OF DECEASED: (Type or Print) (First) Mina (Middle) M. (Last) Gibson

4. DATE OF DEATH (Month) (Day) (Year) August 25, 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 9, 1896

9. AGE Last birthday: 58 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Petersburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Itemer Edmiston

14. MOTHER'S MAIDEN NAME: Withstin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Herman C. Gibson - Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: 30 min.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Angina pectoris — 2 ½ yrs.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY None

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8/25/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug. 28 1955

NAME OF CEMETERY OR CREMATORY Mooresville Cemetery

LOCATION (City, town, or county) (State) Huntingdon, Pa.

DATE REC'D BY LOCAL REG 8-25-55

REGISTRAR'S SIGNATURE Mary D. Eline

24. FUNERAL DIRECTOR ADDRESS J.F. Eline&Son's Reisterstown, Md.

07438

7452

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9102 Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 9102 Harford Rd.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) E. (Last) GILLAND

4. DATE OF DEATH: (Month) August (Day) 11, (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 31, 1866

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Stedtler

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Herman Gilland, 9102 Harford Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (332X)	(a) Arteriosclerotic Heart Disease	Indef
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebrovascular Thrombosis	3 years
	(c) Generalized Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 54, to 11 Aug, 19 55 that I last saw the deceased alive on 10 Aug, 19 55, and that death occurred at 10 30 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M D — ADDRESS: Loch Raven Shopping Center Balto 12 Md — DATE SIGNED: 11 Aug 55

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 8/15/55 — NAME OF CEMETERY OR CREMATORY: Hiss Methodist Cemetery — LOCATION (City, town, or county) (State): Balto. Co., Md.

DATE RECD BY LOCAL REG. 8/17/55 — REGISTRAR'S SIGNATURE: C. M. Bacon

24. FUNERAL DIRECTOR: Loscalzo Funeral Home — ADDRESS: 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07440

CERTIFICATE OF DEATH

7453 Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 Waldron Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural give location) 103 waldron ave.

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) Jonas (Last) Gnagey

4. DATE OF DEATH: (Month) Aug (Day) 29th (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 9 April 1884

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical

10B. KIND OF BUSINESS OR INDUSTRY: Telegraph

11. BIRTHPLACE (State or foreign country): maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jonas Gnagey

14. MOTHER'S MAIDEN NAME: Elizabeth Swanger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 082-01-0437

17. INFORMANT & ADDRESS: Mrs Elmer J. Gnagey 103 Waldron Pikesville 8 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic heart disease — 7 yrs
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Nov, 19 53, to 29 Aug, 19 55, that I last saw the deceased alive on 12 July, 19 55, and that death occurred at 9.30 A M, from the causes and on the date stated above.

SIGNATURE Paul N Rowe M. D. ADDRESS Pikesville 8 Md DATE SIGNED 29 aug 55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept. 1, 1955 — NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery — LOCATION (City, town, or county) Pikesville (State) Md

DATE REC'D BY LOCAL REGISTRAR 8-30-55 — REGISTRAR'S SIGNATURE Dr. Hedrick — 24. FUNERAL DIRECTOR Frank H. Newell — ADDRESS Pikesville

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7451

CERTIFICATE OF DEATH

Reg. Dist. No. 07441

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Convalescent Home 98 Smithwood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural give location) 2600 Garrett Avenue

3. NAME OF DECEASED: (Type or Print) (First) MARGUERITE (Middle) A. (Last) GOOD

4. DATE OF DEATH: (Month) August (Day) 3, (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 11, 1897

9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James F. Holshouser

14. MOTHER'S MAIDEN NAME: Helen Fisher

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: William E. Good, 2600 Garrett Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

Immediate cause (a) Hypertensive Cardio-Vascular Disease.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c) Hemiplegia Rt. old

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1954 to 3 Aug, 1955, that I last saw the deceased alive on 2 Aug, 1955, and that death occurred at 4:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. E. McGrath M.D. 1707 Edmondson Ave. Catonsville 28 md 3 Aug 55

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF 8/6/55

NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR August 5 1955

REGISTRAR'S SIGNATURE M.D.

24. FUNERAL DIRECTOR Wm. Cook Inc.

ADDRESS 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

7455

2411 N. Charles Street, Baltimore

07442

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Oella
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: OR 105 Oella Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oella X
STREET ADDRESS (If rural, give location): 105 Oella Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	GROFF		Aug.	4	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	6-15-1868	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Woolen Mill	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	213-09-6169	Guy Messick, Oella, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion — instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Cardio-Vascular Disease — 4 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/4, 1950, to 12-4, 1954, that I last saw the deceased alive on 12-4, 1954, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
George E. Burtoft M.D. Ellicott City, Md. 8/5/55

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-6-55	Good Shepherd	Ellicott City, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
8-5-55	V. E. Harry	F.C. Higinbothom, Ellicott City, Md

MARYLAND STATE DEPARTMENT OF HEALTH

07443

7456

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
LENGTH OF STAY (in this place): 7 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 416 HILLEN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
STREET ADDRESS (If rural, give location): 416 HILLEN ROAD

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALICE	SOPHIA	GROLOCK	AUG. 24, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
FEMALE	WHITE	SINGLE	SEPT. 2, 1894	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SEC'Y.	PRINTING CO.	BALTIMORE MD.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GUSTAV GROLOCK	AGUSTA M DISCHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	212 07 4836	MISS CECILIA GROLOCK SAME.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronary Thrombosis	2 hours
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 24, 1955, to Aug. 24, 1955, that I last saw the deceased alive on Aug. 24, 1955, and that death occurred at 4.30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm Schmidt	M.D.	701 N. Kenwood Ave.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	AUG. 27, 1955	PARKWOOD CEMETERY	BALTIMORE MARYLAND.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8/26/55		HENRY SANDER & SONS INC. BALTIMORE MARYLAND. George Sander

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

7457

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07444

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 4 — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 603 Coventry Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore - 4
STREET ADDRESS (If rural, give location): 603 Coventry Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	CHARLES	OTTO	GRONERT		Aug.	22.	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	June. 20. 1885	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor of restaurant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Otto Gronert
14. MOTHER'S MAIDEN NAME: Charlotte Holthause

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: 212-32-2170
17. INFORMANT AND ADDRESS: Mrs. Ida Elizabeth Gronert 603 Coventry Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1567
Immediate cause (a) Carcinoma of Liver

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Duodenal Ulcer

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 19 55, to Aug 22, 19 55, that I last saw the deceased alive on Aug 22, 19 55, and that death occurred at 7 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Laurence C. Tosh	M.D.	6805 York Rd	8/22/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 24 1955	Druid Ridge Cemetery	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/25/55	[illegible]	HENRY SANDER & SONS, INC. Baltimore Md.	Geo. F. Sander

50-55

7455

07445

30

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: Baltimore
COUNTY CATONSVILLE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52
LENGTH OF STAY (in this place) 12 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP. 14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M.D. COUNTY ANN ARUNDEL
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PASADENA - 02x-2
STREET ADDRESS (If rural give location) Box 4 MOUNTAIN RD

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) (Last) HAHN

4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: APRIL 19, 1896

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AUTOMOBILE MECHANIC

10B. KIND OF BUSINESS OR INDUSTRY: Coast Guard Yard

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DECEASED Frederick Hahn

14. MOTHER'S MAIDEN NAME: DECEASED DuVall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NOT KNOWN

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: ELIZABETH HAHN Box 4 MOUNTAIN RD. PASADENA MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) CARDIAC FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 8/18/55

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) CORONARY DISEASE — 8/22/55

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10-, 1955, to 8-22-, 1955, that I last saw the deceased alive on 8-22-, 1955, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE S. Wachter M.D. ADDRESS Spring Grove State Hosp. Baltimore 28, Md. DATE SIGNED 8-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF August 26

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Baltimore 25, Md.

DATE REC'D BY LOCAL REGISTRAR August 24 1955

REGISTRAR'S SIGNATURE Doctor E. Harry

24. FUNERAL DIRECTOR Hopping and Kirkley, ADDRESS Glen Burnie, Md.

VS. A15 — 10 - 53

7459

07446 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 52 Catonsville
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Owings Mills X
STREET ADDRESS (If rural, give location) Bonita Avenue /

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) E. (Last) HARRIS

4. DATE OF DEATH (Month) August (Day) 26, (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 14, '75

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Calvin Harris

14. MOTHER'S MAIDEN NAME: Lou Cinty Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Records-SpringGroveStateHospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
422.1 Immediate cause	(a)	Acute cardiac failure	terminal
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerotic cardiovascular disease	years
DUE TO			
	(c)	Generalized arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Mental illness

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo Jos. Kieffer 1010 Leeds ave

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ M. D.

DATE SIGNED Aug. 27 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug 30, 1955

NAME OF CEMETERY OR CREMATORY Wesley Chapel

LOCATION (City, town, or county) (State) Hampstead Md

DATE REC'D BY LOCAL REG. 8/27/55

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR ADDRESS Wm. Berryman & Sons Reisterstown, Md

07447

7460

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 52 Catonsville
LENGTH OF STAY (in this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 House in the Pines and Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: 3Y01-4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1160 Carroll St.,

3. NAME OF DECEASED (Type or Print): (First) Ballard (Middle) M. (Last) Hart
4. DATE OF DEATH: (Month) Aug. (Day) 28, (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Dec. 25, 1866
9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework at Home
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jobe Hart
14. MOTHER'S MAIDEN NAME: Louise Earhart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Etta Catterton 221 Sycamore Rd. Linthicum Hghts.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral vascular accident (Probable hemorrhage) — 21 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Hypertensive arteriosclerotic cardio-vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 16, 1943, to Aug. 28, 1955, that I last saw the deceased alive on Aug. 28, 1955, and that death occurred at 5:30 P. M., from the causes and on the date stated above.

SIGNATURE: Leon A. Kurop MD (Degree or title) — ADDRESS: 4116 Edmondson Avenue — DATE SIGNED: Aug. 29, 1955

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-31-1955	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-29-55	[illegible] Registrar	G. Howard Strong 3207 W. North Ave.,

Dr. Geo. A. Knapp -
411 Glendale Ave Lo. 6. 1956

7461

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07448

Reg. Dist. No. .....

1. PLACE OF DEATH:
County: Balto Co
City or town: Baltimore 14 Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? .....
Hospital, Institution, or street address where death occurred:
on
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Balto.
City or town: Baltimore 14
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2509 Taylor Ave
(If rural, give LOCATION)
2.(a) If veteran, name war .....

3.(a) FULL NAME: Chester Arthur Harter Sr.

3.(b) Social Security Number: 717-07-7470

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Margaret
6.(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Feb. 9 - 1893

8. AGE:

Years	Months	Days	If less than one day
62	6	4	..... hrs. ..... min.

9. Birthplace: Edgemont, Maryland (Town, county, and state)
10. Usual occupation: Ticket Clerk
11. Industry or business: Railroad

FATHER
12. Name: George W. Harter
13. Birthplace: ?

MOTHER
14. Maiden name: Mary Catherine Barns
15. Birthplace: ?

16. Informant: Chester Arthur Harter Jr.
Address: 2509 Taylor Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 16 1955 (month) (day) (year)
Cemetery or crematory: Morgan M.E.
Location: Pleasant Hill, Balto Co. Md.

18. Funeral director: Joseph Sarace Inc.
Address: 712-14 E. North ave

19. 8-15-55 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 13 1955, at 7.15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 38 1945 to August 13 1955 and that I last saw h... alive on August 13, 1955

Immediate cause of death	DURATION
Chronic pulmonary Emphysema	3 Yrs
Coronary insufficiency	3 yrs.
Due to	
420.1	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: .....
Date of op. .....
Autopsy results: not done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Salerno M.D. M. D. or other
Address: 6217 Harford Rd Date signed: 8/15/55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7462 CERTIFICATE OF DEATH

Reg. Dist. No. 0749

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Notch Cliff near Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: /

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD
COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NOTCH CLIFF NR TOWSON X
STREET ADDRESS (If rural, give location): GLEN ARM RD.

3. NAME OF DECEASED (Type or Print): (First) Sr. Mary Stanislava (Middle) Hodek (Last)

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 24 1878

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS

11. BIRTHPLACE (State or foreign country): Bukova Czecho Slovakia

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wenceslaus Hodek

14. MOTHER'S MAIDEN NAME: Barbara Boucek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: SR. M. CLARA SAME.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic Cardio vascular disease — 5 years

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1953, to Aug 6, 1955, that I last saw the deceased alive on July 26, 1955, and that death occurred at 6.00 A m., from the causes and on the date stated above.

SIGNATURE: Charles F. O'Donnell (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 8-9-55

NAME OF CEMETERY OR CREMATORY: VILLA MARIA CEM

LOCATION (City, town, or county) (State): NOTCH CLIFF NR TOWSON

DATE REC'D BY LOCAL REG.: 8.9.55

REGISTRAR'S SIGNATURE: D. E. Wedrich R.R.

24. FUNERAL DIRECTOR: Charles L. Zeile

ADDRESS: 901 S. CONKLING ST BALTO., 24, MD.

7463

07450 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto #6 | LENGTH OF STAY (in this place) 10yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4231 Thorncliffe Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Raspberg
STREET ADDRESS (If rural, give location) 4231 Thorncliff Rd, Balto 6, Md

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Edward (Last) Hoeflich

4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Feby 9/1914	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman,	Balto News. Paper	Baltimore	

13. FATHER'S NAME: Phillip John Hoeflich

14. MOTHER'S MAIDEN NAME: Irene Catherine Stahle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
War II 1942-1945	212-03-3114	Phillip John Hoeflich (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

9768

Immediate cause (a) Gunshot wound rt temple — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hrs skull egress left temple — DUE TO

(c) B/O (automatic Garage)

INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
		Balto #6	Balto.	Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
Aug 11 55. 7 A.M.		Gunshot wound rt forehead.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐; Undetermined cause ☐.

SIGNATURE H. M. Carmine M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED 8/15/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/15/55	Parkwood Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-16-55	[illegible]	L. J. Ruck, Inc.	5305 Harford Rd, Balto Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07451

7454

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE (14) X
STREET ADDRESS (If rural give location) 3106 DUBOIS AVENUE

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) G. (Last) HOLLAND

4. DATE OF DEATH: (Month) AUGUST (Day) 10 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: 4-27-97

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DIE SETTER

10B. KIND OF BUSINESS OR INDUSTRY: PARKER METAL DEC.CO.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE HOLLAND

14. MOTHER'S MAIDEN NAME: GRACE HALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 215-07-0136

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 293X (A) SEVERE ANEMIA — UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. LOBULAR PNEUMONIA — UNKNOWN
CORONARY THROMBOSIS, RIGHT — UNKNOWN

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from AUG. 1, 1955 to AUG. 10, 1955, [redacted] and that death occurred at 5:30 A.M. from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M.D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-11-55

VA

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF Aug. 15, 1955 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEM. — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8/12/55 — REGISTRAR'S SIGNATURE (A.W. Hedrick) — 24. FUNERAL DIRECTOR AND ADDRESS WM.COOK-BLIGHT, INC. 6009 HARFORD ROAD, BALTIMORE 14, MARYLAND

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07452

7465 **CERTIFICATE OF DEATH** Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cockeysville Md
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Md. Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton Md 20-40-24
STREET ADDRESS (If rural give location) 131 N. Washington St Easton

3. NAME OF DECEASED: (Type or Print) (First) Melusina (Middle) Trippe (Last) Holleyday

4. DATE OF DEATH: (Month) Aug. 31 (Day) (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH: Mar. 9th 1871
9. AGE last birthday 84 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Talbot Co
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Trippe
14. MOTHER'S MAIDEN NAME: Melusina Schwartze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
IMMEDIATE CAUSE (A) Arteriosclerosis Cardio
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Vascular Disease — over 2 yrs.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Bronchitis — over 2 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1953 to Aug. 30 1955, that I last saw the deceased alive on Aug. 30, 1955, and that death occurred at 12:25 M, from the causes and on the date stated above.
SIGNATURE Calvin T. Cook M. D. ADDRESS Cockeysville Md DATE SIGNED 8/31/55

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY) | DATE THEREOF 9/2/55 | NAME OF CEMETERY OR CREMATORY Easton Cemetery | LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept. 2, 1955 | REGISTRAR'S SIGNATURE L. M. Schroeder | 24. FUNERAL DIRECTOR Wm. Cook, St Paul & Preston St | ADDRESS

7466

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07453 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 55	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Towson 55
LENGTH OF STAY (in this place) 3 Days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 404 Carolina Rd.	STREET ADDRESS (If rural, give location) 1652 Hardwick Rd.

3. NAME OF DECEASED: (Type or Print)	(First) THOMAS	(Middle) V	(Last) HOOPER JR.	4. DATE OF DEATH	(Month) Aug.	(Day) 4,	(Year) 1955
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: July 1 1927	9. AGE Last birthday: 28 yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): I.B.M. Opt	10b. KIND OF BUSINESS OR INDUSTRY: Bendix Corp.	11. BIRTHPLACE (State or foreign country): Baltimore	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas V. Hooper Sr		14. MOTHER'S MAIDEN NAME: Eleanor M. Morris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War 2	16. SOCIAL SECURITY NO.: 216-28-4305	17. INFORMANT & ADDRESS: Margaret M Hooper 1652 Hardwick Road	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
080.0 Immediate cause (a) Acute bulbar poliomyelitis	
DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	
DUE TO	
(c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes ☒ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. H. Fisher M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8/5/55

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial	DATE THEREOF Aug 8 1955	NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	LOCATION (City, town, or county) 4430 Belair Road	(State) Md
DATE REC'D BY LOCAL REG. 8-5-55	REGISTRAR'S SIGNATURE R. [illegible]	24. FUNERAL DIRECTOR Dippel Brothers	ADDRESS 7110 Belair Road	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07454

7467 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN. THIS IS A PERMANENT RECORD.

Every item of information so carefully supplied. Physicians: please write the causes of death clearly and legibly. THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER DEATH.

1. NAME OF DECEASED (Type or Print): CLARA C. HOOPES

2. DATE OF DEATH: AUGUST 28, 1955

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X 72 Murdock Road
c. Length of stay in Baltimore: Yrs. 00 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 12 X
D. STREET ADDRESS (If rural, give location): 72 Murdock Road 1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	Feb. 23, 1885	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Baltimore City	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: Adolph Haesoop

14. MOTHER'S MAIDEN NAME: Sophie Schilthiem

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Eugene F. Hoopes, 3rd, 72 Murdock Road — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

420.1 I

(A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: several hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary thrombosis

DUE TO

(C) generalized arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER 18 IN PART I OR PART II	19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY?
			YES ☐ NO ☐

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I certify that (I) (this hospital) attended the deceased from August 19 1955 to August 28 1955, that (I) (we) last saw the deceased alive on August 26 1955, and that death occurred at 12:50 m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
James R Bowden M.D.	Lutherville, Md.	8/28/55

ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Aug. 31, 1955	Lorraine Park Cemetery	Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: 8-29-55

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR — ADDRESS: Wm. J. Tickner & Sons Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7468 CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3304 Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale
STREET ADDRESS (If rural give location) 3304 Rolling Road (7)

3. NAME OF DECEASED: (First) James (Middle) (Last) HORNE
4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: October 25, 1888
9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shopman
10B. KIND OF BUSINESS OR INDUSTRY: Transit Com.
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Horne
14. MOTHER'S MAIDEN NAME: Agnes Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Annie A. Horne, 3304 Rolling Road (7)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) CORONARY THROMBOSIS
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: ONE WEEK

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 1954, to 8/2, 1955, that I last saw the deceased alive on 8/2, 1955 and that death occurred at 10:15 P.M., from the causes and on the date stated above.
SIGNATURE Edwin G. Pinkard, M.D. ADDRESS 8204 Liberty Rd, Balto 17, Md. DATE SIGNED 8/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF August 6, 1955
NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
LOCATION (City, town, or county) (State) Randallstown, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-3-55
REGISTRAR'S SIGNATURE C. A. Kephart
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Baltimore 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17455 WC

7169 CERTIFICATE OF DEATH Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 90 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 2904 W. MOSHER STREET

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) HOUSTON

4. DATE OF DEATH: (Month) AUGUST (Day) 16 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 7/4/19

9. AGE last birthday 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INTERIOR DECORATOR

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ATLANTA, GEORGIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: W. L. HOUSTON

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 254-42-3412

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) PULMONARY HEMORRHAGE — 10 MIN.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) THROMBOPHLEBITIS, MULTIPLE, PULMONARY AND JUGULAR VEINS — 3 MO.

DUE TO (C) UNKNOWN CAUSE

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SICKLE CELL TRAIT MALNUTRITION — UNKNOWN 3 MO.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from MAY 18, 1955, to AUG. 16, 1955. I last saw the deceased alive on XXXXXXXXXXXXXXXXXXXX, and that death occurred at 9:15 AM, from the causes and on the date stated above.

SIGNATURE F G Dickey ADDRESS F. G. DICKEY, M.D., Chief, Medical Service M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 8/19/55 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8-18-55 — REGISTRAR'S SIGNATURE Hal Wedul

24. FUNERAL DIRECTOR CHARLES R. LAW MORTUARY — ADDRESS 802-04 MADISON AVE BALTIMORE 1, MARYLAND

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

7479

07456

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2yr5mo25days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mitchellsville
STREET ADDRESS (If rural, give location) 16 K - 2.

3. NAME OF DECEASED: (Type or Print) (First) Dale (Middle) (Last) Jackson
4. DATE OF DEATH (Month) (Day) (Year) August 18, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	5-23-907	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired.): No Occupation
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Jackson
14. MOTHER'S MAIDEN NAME: Mary Swafford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Congestive heart failure — 083.0
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Inanition
DUE TO
(c) Post-Encephalitic Parkinsonism

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo. J. McKeffer M. D. 1010 Leder ave
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-19-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/21/55	Mt. Oak Cemetery	Mitchellville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8/23/55	W. E. Harry	Ritchie Bros. Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

5-30 PM

Le Heureo

MARYLAND STATE DEPARTMENT OF HEALTH

7471

2411 N. Charles Street, Baltimore

07457

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS House of the Pines-Nursing Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 V O 1-4
STREET ADDRESS (If rural, give location) 1918 Letitia Ave. V

3. NAME OF DECEASED (Type or Print): (First) Mamie (Middle) Jane (Last) Jewett
4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Jan 9, 1867
9. AGE last birthday: 88 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Box
10b. KIND OF BUSINESS OR INDUSTRY: Legitt-Meyers
11. BIRTHPLACE (State or foreign country): Manchester-Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Jewett
14. MOTHER'S MAIDEN NAME: Margaret Ann Baird
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Ruth Starry - 1517 Parkgrove Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X Immediate cause (a) Carcinoma of Rectum — 2½ years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1949, to Aug 26, 1955, that I last saw the deceased alive on Aug 23, 1955, and that death occurred at 7:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

C. Arthur Carberg M.D. — 2436 Washington Blvd. Balto 30, Md. — 8/26/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug 30, 1955 | NAME OF CEMETERY OR CREMATORY: Mowry Cemetery | LOCATION (City, town, or county) (State): Richmond - Va.

DATE REC'D BY LOCAL REG. 8-30-55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR — ADDRESS: John C. Miller Inc. - 2431 E. Oliver St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7472 (2) 07458

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Owings Mills Md.
LENGTH OF STAY (in this place) 2yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Featherbed Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills Md. X
STREET ADDRESS (If rural, give location) Featherbed Lane

3. NAME OF DECEASED: (First) John (Middle) (Last) Johnson
4. DATE OF DEATH: (Month) Aug. (Day) 20, (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Widowed	3/24/1889	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Handyman	Odd Jobes	Cuba Maryland	U.S.A.

13. FATHER'S NAME: William Johnson
14. MOTHER'S MAIDEN NAME: Mary Foote

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Mrs. Louise Gee-Featherbed Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
153X Immediate cause	(a) BRONCHIAL PNEUMONIA	24 HRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) CARCINOMA CAECUM	4-6 MOS.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death THROMBUS LEFT LEG REQUIRING AMPUTATION

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
MAY 1955	CARCINOMA CAECUM	Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 8, 1955, to AUG. 20 1955, that I last saw the deceased alive on AUG. 19, 1955, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown Md.	8/22/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/24/55	Mt. Auburn Cemetery	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8/23/55	C. M. Hedrick	Holland Funeral Home. 1631 Druid Hill Ave.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07459

7473

CERTIFICATE OF DEATH

Reg. Dist. No. 35

Item 14, FilmG185 8-31-55 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Parkton Freeland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Beckleyville Road near Middletown Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton Freeland X
STREET ADDRESS (Or rural location) Beckleyville Road near Middletown Road 1

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) O. (Last) JORGENSEN

4. DATE OF DEATH: (Month) Aug. (Day) 17 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 29, 1913

9. AGE last birthday: 42 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Experimental Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Transformer Mfg. Co.

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mark H. Jorgensen

14. MOTHER'S MAIDEN NAME: Christence Jorgensen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: 328-09-8040

17. INFORMANT & ADDRESS: Mrs. C. O. Jorgensen, Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 2 hrs.

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1955, to Aug. 17, 1955, that I last saw the deceased alive on Aug 17, 1955, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. M. France M.D. ADDRESS Parkton Md DATE SIGNED 8/17/55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF June 18, 1955
NAME OF CEMETERY OR CREMATORY Carmondy Funeral Home
LOCATION (City, town, or county) (State) Bloomington, Ill.

DATE REC'D BY LOCAL REGISTRAR Aug. 22, 1955
REGISTRAR'S SIGNATURE Mrs. Howard Markley
24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07460

7474

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 03 101 Forest Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
STREET ADDRESS (If rural give location) 101 Forest Drive

3. NAME OF DECEASED: (First) Bessie (Middle) Jane (Last) Joynes

4. DATE OF DEATH: (Month) August (Day) 4, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: January 10, 1877
9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Fenimore
14. MOTHER'S MAIDEN NAME: Catherine Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Rhea L. Thomas, 101 Forest Drive (28)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
IMMEDIATE CAUSE (A) Arteriosclerotic Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 3-4 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19..., to aug 4, 1955, that I last saw the deceased alive on August 3, 1955, and that death occurred at 3.45 P.M., from the causes and on the date stated above.

SIGNATURE John A Tucker Jr. M.D. ADDRESS 1118 St Paul St., Balt. 2, Md. DATE SIGNED 8-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 6, 1955	Oaklawn Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 6. 1955	R.W.	Wm J. Tuckner & Sons	Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

07461

7475

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rt 16 - Box 681. Balto 20

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River
STREET ADDRESS (If rural, give location): Rt 16 Box 681 Balto 20 Md

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) J (Last) Kahl

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 19[illegible]5

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 17-1915

9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Michael Heblik

14. MOTHER'S MAIDEN NAME: Agatha Nevrla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr James J. Kahl. Rt 16 - Box 681. Md Balto 20

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X

Immediate cause (a): Glioblastoma Multiforme — Interval between onset and death: 4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Rt. frontal lobe of brain

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 1955

19b. MAJOR FINDINGS OF OPERATION: Same as "a" above

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D.O.A., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

A. Andrew Reece, Md Route 16 Box 17 - Bolt - 20, Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/24/55	Belair Memorial Gardens	Harford Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
8-26-55	Caid Hurley	Passano Funeral Home 7401. Belair Rd

Dr Alcala
Pulaski Hwy
Bt Bluetables & Farmers mkt

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7476

CERTIFICATE OF DEATH

07462

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RURAL HAYWOOD HEIGHTS
LENGTH OF STAY (in this place) 77 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3418 FLANNERY LANE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - HAYWOOD HEIGHTS
STREET ADDRESS (If rural give location) 3418 FLANNERY LANE

3. NAME OF DECEASED: (Type or Print) (First) DENNIS (Middle) - (Last) KANE

4. DATE OF DEATH: (Month) 8 (Day) 4 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 10/29/1877

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONTRACTING

10B. KIND OF BUSINESS OR INDUSTRY: EX CONTRACTOR

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN KANE

14. MOTHER'S MAIDEN NAME: KATHERINE RAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 212-20-6743

17. INFORMANT & ADDRESS: MATILDA ADA KANE - WIFE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 442X
(A) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 2 WEEKS

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) HYPERTENSIVE CARDIO VASCULAR RENAL DISEASE — 5 YEARS.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV 12, 1954, to AUGUST 4, 1955, that I last saw the deceased alive on AUGUST 3, 1955, and that death occurred at 5:04 P.M, from the causes and on the date stated above.

SIGNATURE Edwin L Burpee M. D. ADDRESS 2204 LIBERTY RD BALTO 7 MD DATE SIGNED 8/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug 8th 1955 — NAME OF CEMETERY OR CREMATORY Woodlawn Park — LOCATION (City, town, or county) Woodlawn Baltimore Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug 5, 1955 — REGISTRAR'S SIGNATURE W. W. Hedrick — FUNERAL DIRECTOR J. Willis Lawrence — ADDRESS 510 Liberty Heights Ave

MARYLAND STATE DEPARTMENT OF HEALTH

07463

7477

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto.	Ivy Hall Nursing Home MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X East. Balto City	LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Harrison Ave.	
2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 28 S. Ellwood St. COUNTY Balto. City	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto., md.	3 Vol-4
STREET ADDRESS (If rural give location) 28 S. Ellwood St.	Balto., md

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MYRTLE	KARL		AUG.	28	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	W	SEPT. 10, 1884	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Balto., md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Durm	~~Myrtle Durm~~ Katherine Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	—	Son. LEROY Karl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
260X Immediate cause	(a) Cerebro vascular Accident	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular dis-	several yrs
	(c) Diabetes	several yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized arteriosclerosis.	several yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 4, 1955, to 8/28, 1955, that I last saw the deceased alive on 8/28, 1955, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. Rodd, MD	434 Eastern Ave. Essex MD	8/29/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or country) (State)
Burial	Aug 31, 1955	Parkwood Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-29-55	Harry Hedrick Dupl. per Edwin M. Sterling	John A. Moran, 3000 E. Balto. St.

7478

07464

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL / Seneca PK #20
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN BALTO. 3V01-4
STREET ADDRESS (If rural, give location) 1104 S. KENWOOD AVE.

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) J. (Last) KARWACKI

4. DATE OF DEATH (Month) AUG (Day) 20 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	DIVORCED	FEB. 28/1924	31 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PLASTERER		BALTO. MD	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MICHAEL KARWACKI	ANNA B. PANOWICZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
YES W. WAR-2	216-18-3476	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) DROWNING

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Swimming Hole	21c. (City or town) Seneca Park (County) Balto Co (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
8-20-55 5½ P.M.		Attempted to swim across Canoeing bay

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] Davis M.D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8/21/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	AUG 24/55	ST. STANISLAUS CEM	DUNDALK AVE

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/22/55	[illegible]	Marie Fialkowski	1000 S. Kenwood Ave Balto. 24 Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7479 **CERTIFICATE OF DEATH** Reg. Dist. No. 07465

1. PLACE OF DEATH:

COUNTY BALTIMORE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLE RIVER

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS BOX 481 BALTO 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY BALTO.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL

STREET ADDRESS (If rural, give location) BOX 481 BALTO. 20 - MD.

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH:	(Month)	(Day)	(Year)
	ANNA	C.	KELLNER		AUG.	10	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	MARRIED	NOV. 20 - 1895	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		BALTO. CO.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
FRANK DORN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		John Kellner (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 592X	(a) Uremia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chronic Glomerular Nephritis	8 years
	DUE TO (c) Hypertension	10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from June, 1945, to Aug 10, 1955, that I last saw the deceased alive on Aug 10, 1955, and that death occurred at 11:23 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Morris A. Jacobs	MD	1010 North Point Rd	8/11/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 13-55	Oak Lawn	Eastern Blvd. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 12 55	A. W. Riedel R.S.	John G. Connelly	Essex

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

07466

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7480

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1011 Frederick Road

52 00

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural give location): 1011 Frederick Road

52 1

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HERMAN (Last) KERGER

4. DATE OF DEATH: (Month) August (Day) 18, (Year) 1955.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 9, 1883.

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Garage Owner

10b. KIND OF BUSINESS OR INDUSTRY: Auto Sales

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen M. Kerger

14. MOTHER'S MAIDEN NAME: Elizabeth Kramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Mary E. Kerger, 1011 Frederick Road Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Acute & Chronic Congestive Heart Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Degenerative Heart Disease.

(c) Atherosclerosis.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 53, 19..., to 8/18/55, 19..., that I last saw the deceased alive on 8/17/55, 19..., and that death occurred at 11:15A m., from the causes and on the date stated above.

SIGNATURE: H E Mc Grath M.D. (Degree or title) ADDRESS: 1707 Edmondson Ave Cat md 21228 DATE SIGNED: 8/18/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Aug. 22, 1955. | NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery | LOCATION (City, town, or county) (State): Ilchester, Maryland.

DATE REC'D BY LOCAL REG. 8/21/55 | REGISTRAR'S SIGNATURE: U.E. Harry

24. FUNERAL DIRECTOR: Easton Sons, ADDRESS: Catonsville 28, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07467

7431 CERTIFICATE OF DEATH Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X FORT HOWARD
LENGTH OF STAY (in this place) 105 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE (DUNDALK) 53 1
STREET ADDRESS (If rural give location) 3451 YARDLEY DRIVE

3. NAME OF DECEASED: (Type or Print) (First) MELVIN (Middle) L. (Last) KING

4. DATE OF DEATH: (Month) AUGUST (Day) 26, (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH: 1/23/22
9. AGE last birthday 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST
10B. KIND OF BUSINESS OR INDUSTRY: ESSKAY PACKERS
11. BIRTHPLACE (State or foreign country): WILSON COUNTY, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARNEY KING
14. MOTHER'S MAIDEN NAME: CORA MN: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) PEACE TIME
16. SOCIAL SECURITY NO. 236-26-0987
17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

526X IMMEDIATE CAUSE (A) PURULENT BRONCHIECTASIS, BILATERAL, ALL LOBES & 7 YRS.

ANTECEDENT CAUSE (S) XXXXX

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) PULMONARY EMPHYSEMA 7 YRS.

XXXXX (C) ATELECTASIS, LOWER LOBES UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. KINKED URETER WITH HYDROPELVIS, RIGHT UNKNOWN

19A. DATE OF OPERATION: 6-6-55, 8-11-55
19B. MAJOR FINDINGS OF OPERATION: Resection, cysts of left lung; Resection, cysts of right lung
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from MAY 13, 55, to AUG. 26, 55, XXXXXXXXXXXXXXXXXX last saw the deceased XXXXXXXXXXXXXXXXXXXXXX and that death occurred at 2:10 A.M. from the causes and on the date stated above.

SIGNATURE Irving Freeman
IRVING FREEMAN, M.D.
ADDRESS M. D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED 8-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 8-29-55
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8-29-55
REGISTRAR'S SIGNATURE Harold Hedrick
24. FUNERAL DIRECTOR AND ADDRESS ULLRICH FUNERAL HOME, 2112 DUNDALK AVE. DUNDALK 22, MARYLAND (BALTIMORE)

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7482

MARYLAND STATE DEPARTMENT OF HEALTH

07468

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Manor Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin
STREET ADDRESS (If rural, give location) Carroll Manor Rd

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) O (Last) Klass
4. DATE OF DEATH: (Month) Aug (Day) 16 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Dec 31-1873
9. AGE last birthday: 81 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House
10b. KIND OF BUSINESS OR INDUSTRY: Own. Home
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: — Ziegenhein.
14. MOTHER'S MAIDEN NAME: Elizabeth Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mr Walter Klass 8808 Old Harford Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Hemorrhage — 10 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis — yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to Aug 16, 1955, that I last saw the deceased alive on Aug 16, 1955, and that death occurred at 830 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter M Hammett — ADDRESS Baldwin — DATE SIGNED Aug 17-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 8/19/55 | NAME OF CEMETERY OR CREMATORY: Parkwood Cem | LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE: W M Hammett | 24. FUNERAL DIRECTOR: Lasselun Funeral Home | ADDRESS: 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07469

7483 CERTIFICATE OF DEATH Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (In this place) 2 mo. 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore (8)
STREET ADDRESS (If rural give location) 17 Maryland Avenue

3. NAME OF DECEASED: (Type or Print) (First) Beatrice (Middle) (Last) Knott

4. DATE OF DEATH: (Month) August (Day) 3, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 4-13-1913 | 9. AGE last birthday 42 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Indiana | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis McNabney

14. MOTHER'S MAIDEN NAME: Pearl Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1718
IMMEDIATE CAUSE (A) Carcinoma of cervix uteri with metastases
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-9- , 1955, to 8-3-55, 19 , that I last saw the deceased alive on 8-3- , 1955, and that death occurred at 10:30 AM, from the causes and on the date stated above.
SIGNATURE G. Wachter M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 8/55 | NAME OF CEMETERY OR CREMATORY Oak Lawn Cem | LOCATION (City, town, or county) (State) Balto Co

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Uelland Funeral Home ADDRESS 2112 Dundalk Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07470

7398 CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7400 German Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural give location): 7400 German Hill Road

3. NAME OF DECEASED: (First) CHRISTINA (Middle) (Last) KOCH

4. DATE OF DEATH: (Month) (Day) (Year) August 19, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Nov. 10, 1897	57 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At hone		Maryland	U.S.A.

13. FATHER'S NAME: John Vogel

14. MOTHER'S MAIDEN NAME: Caroline Rettman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No.	---	Herman Koch 7400 German Hill Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (592X)	(a) Chronic Glomerular Nephritis	5 years
Antecedent causes (s) Disesses or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Hyper Tension (Malignant)	10 years
DUE TO	(c) Chronic Cholecystitis	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to Aug 19, 1955, that I last saw the deceased alive on Aug 19, 1955, and that death occurred at 10.45 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Morris G. Jacob	M.D	1010 North Point Rd	8/20/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 23, 1955	Sacred Heart	Dundalk-Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/30/55	W. H. Redmond	Ullrich Funeral Home	4210 Belair Road.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07471

7484

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

COUNTY: BALTIMORE — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Hall

LENGTH OF STAY (in this place): 5 YRS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8911 BELAIR ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MD — COUNTY: BALTIMORE

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY HALL MD

STREET ADDRESS (If rural, give location): 8911 BELAIR ROAD

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
ELLA (or) HELENA KUDIRKA	AUG 31 1955	FEMALE	WHITE	WIDOWED	SEPT 1874	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HOUSEWORK	AT HOME	LITHUANIA	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
~~HEGE~~ ? ONDINEKAS	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	—	NONE	ANTHONY KUDIRKA 8911 BELAIR ROAD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 492 X Congestive heart failure, acute	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cold. — Viral pneumonia	2 days
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from ..... 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7.15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Eugene C. Baumann, M.D. — DATE SIGNED: August 31, 1955

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	SEPT 3 1955	HOLY TRINITY CEMETERY	BEAR CREEK PA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-31-55	[signature]	Dipple Bros.	7110 BELAIR RD.

Dan

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

7485

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07472

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (In this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS 142 Wiltshire Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — 54
STREET ADDRESS (If rural, give location) 142 Wiltshire Drive

3. NAME OF DECEASED (Type or Print): (First) Rufus (Middle) Pegues (Last) Lashley

4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 13-1913

9. AGE last birthday: 41 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civilian Worker

10b. KIND OF BUSINESS OR INDUSTRY: Fremont Depot.

11. BIRTHPLACE (State or foreign country): Dublin Co. N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas A. Lashley

14. MOTHER'S MAIDEN NAME: Lula Warwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Lula Mae Lashley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Wm A Davis M.D. Dy Med Examiner - Dundalk - Md 8/4/55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF Aug. 4-55 — NAME OF CEMETERY OR CREMATORY Evergreen Cem. — LOCATION (City, town, or county) Chester, (State) S. Carolina

DATE REC'D BY LOCAL REG. 8/4/55 — REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR John G. Connelly — ADDRESS Essex

MARYLAND STATE DEPARTMENT OF HEALTH

07473

7399

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH · COUNTY BALTO. · CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK · LENGTH OF STAY (In this place) 7 YRS. · MARYLAND · HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 S. NORRIS LANE

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md · COUNTY BALTO · CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22 53 · STREET ADDRESS (If rural, give location) 104 S. NORRIS LANE

3. NAME OF DECEASED (Type or Print) (First) AUGUST (Middle) (N.M.N.) (Last) LAUBACH

4. DATE OF DEATH (Month) AUG. (Day) 6 (Year) 1955

5. SEX MALE · 6. COLOR OR RACE WHITE · 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED · 8. DATE OF BIRTH DEC. 17, 1879 · 9. AGE Last birthday 75 yrs. · If under 1 year Months Days · If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER · 10b. KIND OF BUSINESS OR INDUSTRY TRUCK · 11. BIRTHPLACE (State or foreign country) BALTO. Md. · 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME CHRISTIAN LAUBACH · 14. MOTHER'S MAIDEN NAME MARY SCHMIDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) No · (If yes, give war or dates of service) · 16. SOCIAL SECURITY NO. NONE · 17. INFORMANT AND ADDRESS MRS. MABEL WERNER 216 S. MARLIN AVE ESSEX 26 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion 420.1 — Interval between onset and death —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. · PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY · (CITY OR TOWN) · (COUNTY) · (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. · INJURY OCCURRED While at work ☐ Not while at work ☐ · HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) W. W. Sparks M.D. · ADDRESS Dundalk Md · DATE SIGNED 8/7/55

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL · DATE THEREOF AUG. 9, 1955 · NAME OF CEMETERY OR CREMATORY OAK LAWN · LOCATION (City, town, or county) BALTO. CO. · (State) Md.

DATE REC'D BY LOCAL REG. AUG. 8 1955 · REGISTRAR'S SIGNATURE Kathleen McGreevy. · 24. FUNERAL DIRECTOR Walter Bruce Bradley · ADDRESS Dundalk, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07474

7486

CERTIFICATE OF DEATH

Reg. Dist. No. 4 D

1. PLACE OF DEATH: COUNTY Baltimore County; CITY OR TOWN Ballo.; 9429 Ridgely; MARYLAND; RURAL; LENGTH OF STAY (in this place) 9 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY OR TOWN Ballo; STREET ADDRESS 9429 Ridgely Ave

3. NAME OF DECEASED: (Type or Print) First: Edith (Middle) Reese (Last) Law

4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1955

5. SEX: Fem

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: June 14 87

9. AGE last birthday: 71 yrs.

IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Reese.

14. MOTHER'S MAIDEN NAME: Roberta Billingsley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 0

17. INFORMANT & ADDRESS: Son Samuel Law, 9429 Ridgely

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arteriosclerotic Cardiovascular Disease with Cerebral ischemia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) due to repeated multiple thrombi.

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 (CITY OR TOWN) 0 (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) 0 (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Apr 53, to Aug 55, that I last saw the deceased alive on Aug 8, 1955, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank J. Kurtz, M.D. ADDRESS 9005 Harford Rd. DATE SIGNED 8/9/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug 12, 1955

NAME OF CEMETERY OR CREMATORY Chestnut Grove

LOCATION (City, town, or county) Sweet Air, Balto Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Walter W. Comrx

24. FUNERAL DIRECTOR Martin L. Kurtz, ADDRESS Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07475

7487

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 62 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MASSACHUSETTS also MD. 58X-3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BOSTON Baltimore ✓
STREET ADDRESS (If rural give location) 183 DUDLEY STREET / 1700 Rosedale St

3. NAME OF DECEASED: (First) ELI (Middle) T. (Last) LAWRENCE

4. DATE OF DEATH: (Month) AUGUST (Day) 23 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 1/19/88

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CRANE OPERATOR

10B. KIND OF BUSINESS OR INDUSTRY: MASS. STATE GOVT.

11. BIRTHPLACE (State or foreign country): MACON, GEORGIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ELI T. LAWRENCE

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 214-18-1523

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X IMMEDIATE CAUSE (A) HYPERNEPHROMA, LEFT — INTERVAL BETWEEN ONSET AND DEATH: 22 MO.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
1. EMPHYSEMA, PULMONARY — UNKNOWN
2. CHRONIC BRAIN SYNDROME Associated With Arterio-(sclerosis) — UNKNOWN

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that ☒attended the deceased from JUNE 22, 1955, to AUG. 23, 1955, XXXXXXXXXXXXXXXXXXXX and that death occurred at 7:30PM, from the causes and on the date stated above.

SIGNATURE XXXXXXXXXXXXXXXXXXXX — ADDRESS — DATE SIGNED

IRVING FREEMAN,M.D.,Acting Chief,Medical Service VAH, FORT HOWARD, MD. 8-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF Aug. 26, 1955
NAME OF CEMETERY OR CREMATORY LORRAINE PARK CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR Aug 26, 1955
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS WM. J. TICKNER AND SONS, INC. NORTH & PENNA. AVE.,BALTIMORE, MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7488 **CERTIFICATE OF DEATH** Reg. Dist. No. 07476

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge 13X-2
STREET ADDRESS (If rural give location) 5902 Old Washington Road

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) Bauman (Last) Laynor

4. DATE OF DEATH: (Month) August (Day) 6, (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 20, 1876
9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elkridge, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis O. Bauman
14. MOTHER'S MAIDEN NAME: Frances A. Mewshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Phyllis L. Adcock 6000 Old Wash Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) Cerebro Vascular Accident
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis - Generalized DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/ , 1955, to 7/6, 1955, that I last saw the deceased alive on 7/6, 1955, and that death occurred at 3:45 P.M. from the causes and on the date stated above.
SIGNATURE John C. Healy M.D. ADDRESS Dalelands, Md DATE SIGNED 8/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug. 9, 1955
NAME OF CEMETERY OR CREMATORY Meadowridge Memorial
LOCATION (City, town, or county) (State) Elkridge, Md.

DATE REC'D BY LOCAL REGISTRAR 8-9-55
REGISTRAR'S SIGNATURE O. W. Kiefaber
24. FUNERAL DIRECTOR Wm J. Tuckner & Son
ADDRESS Wm Wash

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07477

CERTIFICATE OF DEATH

7400

Reg. Dist. No. 41

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
LENGTH OF STAY (in this place) 53 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 COLGATE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural give location) 210 COLGATE AVE.

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) BOTZLER (Last) LE COMPTE

4. DATE OF DEATH: (Month) AUG. (Day) 3, (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 27 MAY 1875

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN BOTZLER

14. MOTHER'S MAIDEN NAME: ELIZABETH PABST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE.

17. INFORMANT & ADDRESS: MISS NAOMI LE COMPTE - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertension & Arteriosclerotic

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio-Vascular Disease

DUE TO

(c)

Interval Between Onset And Death: 10 yrs.

443X

(260X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to Aug. 2, 1955, that I last saw the deceased alive on Aug. 2, 1955, and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M D

ADDRESS Dundalk - Md

DATE SIGNED 8/5/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF AUG. 6, 1955

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) (State) BALTO. Co., Md.

DATE REC'D BY LOCAL REGISTRAR Aug 5, 1955

REGISTRAR'S SIGNATURE William M. Kelly

24. FUNERAL DIRECTOR Walter Brooke Bradley

ADDRESS Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07479

7489 CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY: BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): FORT HOWARD
LENGTH OF STAY (in this place): 268 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BALTIMORE 03X-1
STREET ADDRESS (If rural give location): 405 EASTERN AVENUE

3. NAME OF DECEASED (Type or Print): (First) PETE (Middle) (Last) LINKEWICZ

4. DATE OF DEATH: (Month) AUGUST (Day) 18 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: 5-10-90

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARTENDER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: VICTOR LINKEWICZ

14. MOTHER'S MAIDEN NAME: ANNIE MN: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 215-12-3427

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

147X

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) CARCINOMA OF HYPOPHARYNX WITH EXTENSIVE XXXXXX METASTASIS TO CERVICAL LYMPH GLANDS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3-21-55

19B. MAJOR FINDINGS OF OPERATION: RADICAL NECK DISSECTION, RIGHT

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from NOV. 23, 1954, to AUG. 18, 1955, XXXXXXXXXXXXXXXXXX the deceased XXXXXXXXXXXXXXXXXXXXXXXXXX, and that death occurred at 7:45 A.M. from the causes and on the date stated above.

SIGNATURE: F. G. DICKEY, M.D. Chief, Medical Service M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 8-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: 8-19-55

NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEM.

LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 8-18-55

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: J.G.CONNELLY FUNERAL HOME

ADDRESS: 418 EASTERN AVE. BALTIMORE 21, MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07478

7490 CERTIFICATE OF DEATH Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 25 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata. 08X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALEXANDER (Middle) W (Last) LYON

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1890 (?)

9. AGE last birthday: 65 (?) yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Charles Co.; Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Lyons

14. MOTHER'S MAIDEN NAME: Sarah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Katharine Lyons, Charlotte Hall, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593 X
IMMEDIATE CAUSE (A) Acute Urinary Tract Infection
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Glomerulo Nephritis DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1931, to Aug 13, 1955, that I last saw the deceased alive on Aug. 13, 1955, and that death occurred at 1:15 P. M, from the causes and on the date stated above.

SIGNATURE Spring Grove Hospital by H.R. Cavey M.D. ADDRESS DATE SIGNED August 13, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug 15 1955

NAME OF CEMETERY OR CREMATORY Trinity Cemetery

LOCATION (City, town or county) (State) New Port, Md

DATE REC'D BY LOCAL REGISTRAR 8-15-55

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Hewitt & Pyon Funeral Home ADDRESS Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07480

7476

CERTIFICATE OF DEATH

Reg. Dist. No. 43

THIS IS A PERMANENT RECORD.
PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of information (b) carefully supplied. Physicians: please write the causes of death clearly and leg
THIS CERTIFICATE MUST BE) WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTE

1. NAME OF DECEASED (Type or Print): Mary Loretta Macatee

2. DATE OF DEATH: August 13, 1955

3. PLACE OF DEATH: A. ~~Baltimore City~~, Maryland Baltimore Co.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Apt. 209, Oaklee Village

c. Length of stay in Baltimore: Yrs. 60 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 29
D. STREET ADDRESS (If rural, give location): Apt. 209, Oaklee Village

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Married	Oct. 24, 1879	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard C. Jamison	Starkey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	None	Mr. J. E. Macatee, Jr., 4003 Carlisle Ave.

M. L. CERTIFICATION

18. 584X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few moments

DUE TO (B) Popliteal Phlebitis — 5 days

DUE TO (C) Cholecystectomy & Chol. Cattarrhalis — 7/14/55

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY?
	7/14/55	Cholelithiasis	YES ☐ NO ☐

21C. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I certify that (I) ~~(this hospital)~~ attended the deceased from July 28th 19 55 to Aug. 13 19 55, that (I) (we) last saw the deceased alive on Aug 13 19 55; and that death occurred at 11:15 A m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
M. J. McDermott M.D. ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐	624 Stamford Rd	8/13/55

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	August 16, 1955	New Cathedral Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
AUG 15 1955	Dr. Geo. [illegible] Shuff	Wm. J. Tickner & Sons, Balto. 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07481

7491

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 300 Burke Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 300 Burke Avenue

3. NAME OF DECEASED: (Type or Print) (First) Anita (Middle) (Last) Machacek

4. DATE OF DEATH: (Month) Aug. (Day) 15, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept. 27, 1895

9. AGE last birthday 59 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank J. Smrcina

14. MOTHER'S MAIDEN NAME: Agnes E. Masek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Louis M. Machacek, Towson, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591X

IMMEDIATE CAUSE (A) NEPHROSIS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 6 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. EPITHELIOMA OF INGUINAL REGION

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1955, to Aug 15, 1955, that I last saw the deceased alive on Aug 15, 1955, and that death occurred at 10P M, from the causes and on the date stated above.

SIGNATURE Madeleva C. Swiriski ADDRESS M. D. 17 W. Penna. Ave DATE SIGNED Aug. 18, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 19, 1955

NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 18, 1955

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07482

CERTIFICATE OF DEATH

7492

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 52
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS OAK HILL NURSING HOME EDMONDSON AVE, CATONSVILLE 90

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3 Vol-4
STREET ADDRESS (If rural give location) 21 N. ELLWOOD AVE.

3. NAME OF DECEASED: (Type or Print) (First) KATHERINE (Middle) (Last) MARTIN

4. DATE OF DEATH: (Month) AUGUST (Day) 1 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JUNE 12, 1898

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN A. MARTIN

14. MOTHER'S MAIDEN NAME: ELIZABETH KAHLER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: E. BERHARD MARTIN, 21 N. ELLWOOD AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

153X
Immediate cause (a) Carcinomatosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Carcinoma of Transverse Colon

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to Aug. 1, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 11:00 Am, from the causes and on the date stated above.

SIGNATURE Edgar J. Mills MD (Degree or title) ADDRESS 5226 BALT. NAT. PIKE DATE SIGNED 8/1/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF AUG 4, 1955 | NAME OF CEMETERY OR CREMATORY OAK LAWN | LOCATION (City, town, or county) (State) BALTIMORE CO.

DATE REC'D BY LOCAL REGISTRAR 8/3/55 | REGISTRAR'S SIGNATURE A. W. Hedrick SE

24. FUNERAL DIRECTOR ADDRESS ULLRICH FUNERAL HOME, 4210 BELAIR RD.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7493 **CERTIFICATE OF DEATH** Reg. Dist. No. 07483

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 33 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01.4
STREET ADDRESS (If rural give location) 2857 W. NORTH AVENUE ✓

3. NAME OF DECEASED: (Type or Print) (First) CLEMEN (Middle) F. (Last) MC CABE

4. DATE OF DEATH: (Month) AUGUST (Day) 31 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE
8. DATE OF BIRTH: 5-26-95
9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REPAIR MAN
10B. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WILLIAM H. MC CABE
14. MOTHER'S MAIDEN NAME: LAVENIA SITZLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES ✓ (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
7571 IMMEDIATE CAUSE	(A) MENINGITIS (AEROBACTER AEROGENES)	2 WEEKS
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO PARANEPHRIC ABSCESS RIGHT KIDNEY (A. AEROGENES)	6 MONTHS
	(C) DUE TO POST OPERATIVE INFECTION (REMOVAL OF CYST RIGHT KIDNEY)	See below
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	SEPTICEMIA (A. aerogenes)	4 WEEKS

19A. DATE OF OPERATION: 12-13-54 8-2-55
19B. MAJOR FINDINGS OF OPERATION: Excision cyst of kidney, right Exploration of right kidney
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from JULY 29, 1955, to AUG. 31, 1955, and that death occurred at 11:45 AM from the causes and on the date stated above.

SIGNATURE William B. Vandegrift
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 9-1-55
WILLIAM B. VANDEGRIFT, M.D. M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 9/3/55
NAME OF CEMETERY OR CREMATORY LORRAINE PARK CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 9-2-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR WM. TICKNER & SONS
ADDRESS NORTH & PENNA. AVE. BALTIMORE, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07484

7401

CERTIFICATE OF DEATH

Reg. Dist. No. 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X INVERNESS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 BAYSIDE DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN INVERNESS X
STREET ADDRESS (If rural give location) 8 BAYSIDE DRIVE

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) C. (Last) Mc CLELLAND

4. DATE OF DEATH: (Month) AUG (Day) 19 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG 29. 1895

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN F. STAPPS

14. MOTHER'S MAIDEN NAME: MARY THOMPSON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: GEO. F. McCLELLAND 121 BAYSIDE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

151X

Immediate cause (a) Cancer Stomach. — 15 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinomatosis — 1 yr.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: AUG 19 1954

19b. MAJOR FINDINGS OF OPERATION Cancer entire Stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....., 1952, to Aug 19 ....., 1955, that I last saw the deceased alive on Aug 19 ....., 1955, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wood H. Andrew M.D. 33 Dunlop Ave Dundalk Md 8/20/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF AUG 22. 1955

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) (State) COLGATE MD.

DATE REC'D BY LOCAL REGISTRAR 8/22/55

REGISTRAR'S SIGNATURE A. M. Hedrick

24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME

ADDRESS 2112 DUNDALK

8C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07485

7494

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto. Co.
(b) Street address 3101 MORELAND AVE
(c) Hospital or institution:
X
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 MO
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO X
(c) City or town PARKVILLE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 MORELAND AVE
(If rural give location)
(e) Citizen of foreign country? NO (~~Yes or~~ No)
If yes, name country .....

3 (a) **FULL NAME** Katherine Mary McGovern

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 214-24-0563

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOWED

6 (b) Name of husband ~~or wife~~ JAMES McGOVERN.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3-21-92

8. AGE: Years	Months	Days	If less than one day
63	1892 MAR	21	hr. ..... min.

9. Birthplace BALTIMORE
(Town, county, and state)
10. Usual Occupation HOUSE WORK.
11. Industry or business AT HOME.

FATHER
12. Name ANTHONY ALBRECHT
13. Birthplace .....

MOTHER
14. Maiden Name ANNA CATHERINE
15. Birthplace .....

16 (a) Informant ANNA C. LICHTNER
(b) Address 3101 MORELAND AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 2 1955 (month) (day) (year)
(c) Cemetery ~~or crematory~~ HOLY REDEEMER
Location 4430 BELAIR ROAD

18 (a) Funeral director DIPPEL BROTHERS
(b) Address 1800 E LOMBARD ST.

19 (a) 9-1 (Date rec'd by registrar) (b) S-J Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 30 1955, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 30 1955 to Aug. 30 1955, and that I last saw her alive on Aug. 30 1955.

Immediate cause of death Coronary occlusion, acute — Duration 45 min

Due to Arteriosclerosis

Due to .....

Other Conditions 420.1

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Donald Landon M. D.
Address 6027 Harford Rd Date signed 8-30-55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07486

7495 CERTIFICATE OF DEATH Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural, White Marsh
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Red Lion Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, White Marsh X
STREET ADDRESS (If rural give location) 1 Red Lion Road

3. NAME OF DECEASED: (First) Harry (Middle) Z. (Last) Meginnis, Jr.

4. DATE OF DEATH: (Month) August (Day) 12, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 15, 1913

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Z. Meginnis, Sr.

14. MOTHER'S MAIDEN NAME: Florence E. Copper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: White M
Mrs. Hazel M.Meginnis, Red Lion Rd., Marsh, D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

160X

IMMEDIATE CAUSE (A) DUE TO Squamous cell Carcinoma Lt Antrum — INTERVAL BETWEEN ONSET AND DEATH 18 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 12 August 55

19B. MAJOR FINDINGS OF OPERATION: Exploratory Lt antrum - Squamous cell Ca.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Aug, 1955, that I last saw the deceased alive on 12 Aug, 1955, and that death occurred at 2.00 P.M. from the causes and on the date stated above.

SIGNATURE Lawrence L. Keown M.D. ADDRESS DATE SIGNED 13 Aug 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: August 15, 1955

NAME OF CEMETERY OR CREMATORY: Camp Chapel Cemetery

LOCATION (City, town, or county) (State): Joppa, Maryland

DATE REC'D BY LOCAL REGISTRAR: August 13 1955

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: Balto. 17, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07488

7496 CERTIFICATE OF DEATH Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X "Jemicy" Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Park Heights Ave. Extd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN "Jemicy" Pikesville X
STREET ADDRESS (If rural give location) Park Heights Ave. Extd.

3. NAME OF DECEASED: (First) Sylvia (Middle) (Last) Miller

4. DATE OF DEATH: (Month) August (Day) 3, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: November 27, 1904

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton Hartman

14. MOTHER'S MAIDEN NAME: Blanche Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr. Jay J. Miller, 2nd., 1508 1st Nat'L. Bk.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X
IMMEDIATE CAUSE (A) Metastatic Carcinoma of Liver — 8 weeks

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Primary Carcinoma of Breast — 1 year
DUE TO (C) all records at Mercy Memorial Hospital — July 7'54

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: July 13-1955

19B. MAJOR FINDINGS OF OPERATION: Metastic Ca of Liver

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm) factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1954, to Aug 3, 1955, that I last saw the deceased alive on Aug 3, 1955, and that death occurred at 2.20 A.M., from the causes and on the date stated above.

SIGNATURE Erwin E. Lecagra M.D. ADDRESS The Wyatt 18 DATE SIGNED Aug 3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: August 5, 1955
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Wm J. Tickner & Sons, Balto. 17, Md.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07489

Items 18&21 Film G186 9-13-55 amc Item 9, Film G186 9-16-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 37

7497

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 616 College Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville X
STREET ADDRESS (If rural give location) 616 College Ave. 1

3. NAME OF DECEASED: (First) William (Middle) Henry (Last) Mitchell
4. DATE OF DEATH: (Month) Aug. (Day) 16 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	Dec. 20, 1875	80 79 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer-Ret.	Self Employed	Maryland	USA

13. FATHER'S NAME: William Thomas Mitchell
14. MOTHER'S MAIDEN NAME: Mary Ann Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No	None	None	Mrs. Byron Bishop, Lutherville, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
902.0 IMMEDIATE CAUSE	(A) Coronary Heart Disease	7 Days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerosis Gen'l	Unk
904.	DUE TO (C) Fractured hip Left	6 mos.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Epilepsy -	Unk

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town)	(County)	(State)
Accident	Home	Lutherville	Balto.	Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☒	21F. HOW DID INJURY OCCUR?
Sept. 10, 1954 M.		Fall out of bed

22. I hereby certify that I attended the deceased from 8/4 '55, to 8/16 '55, that I last saw the deceased alive on 8/16 '55, and that death occurred at 2:30 P.M. from the causes and on the date stated above.

SIGNATURE Bennett A. Stoer M. D. ADDRESS Lutherville DATE SIGNED 8/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 19, 1955	Prospect Hill Cem.	Towson, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
24 Aug 1955	Anna Christiana MacRae	John Burns Sons,	Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07490

7498

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD,
LENGTH OF STAY (in this place) 16 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 644 GUTMAN AVENUE

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) F. (Last) MOSKO

4. DATE OF DEATH: (Month) AUGUST (Day) 3 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 9/6/17
9. AGE last birthday 37 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICK LAYER
10B. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION CO.
11. BIRTHPLACE (State or foreign country): BRIGHTON, ALABAMA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN MOSKO
14. MOTHER'S MAIDEN NAME: FRANCES ROBERTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 298-10-8940
17. INFORMANT & ADDRESS: CLINICAL RECORDS FORT HOWARD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9 IMMEDIATE CAUSE (A) CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. RHEUMATIC HEART DISEASE — 10 YEARS

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from JULY 18, 1955, to AUG. 3, 1955 and that death occurred at 4:10A M. from the causes and on the date stated above.

SIGNATURE F. G. Dickey — ADDRESS — DATE SIGNED

F. G. DICKEY, M.D., Chief, Medical Service M.D. VAH, FORT HOWARD, MARYLAND 8-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 8-5-55
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR 8-4-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS WIEDEFELD & SON FUNERAL HOME GREENMOUNT AVE. & 22ND ST.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07491

7499 CERTIFICATE OF DEATH Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5a Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore X
STREET ADDRESS (If rural give location) 5311 Overhill Road

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) R. (Last) MYERS

4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 5/6/96
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: Interior & Exterior
11. BIRTHPLACE (State or foreign country): Westminster, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Margaret Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 217-05-2138
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
155X IMMEDIATE CAUSE	(A) CARCINOMA OF AMPULLA VATER	UNKNOWN
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	(1) DUODENAL ULCER (2) BENIGN PROSTATIC HYPERTROPHY (3) BRONCHOPHEUMONIA	UNKNOWN UNKNOWN 2 DAYS

19A. DATE OF OPERATION: 8-22-55
19B. MAJOR FINDINGS OF OPERATION: Laparotomy and cholecystodudenostomy, exploration of common bile duct and duodenum
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that X attended the deceased from July 20, 1955, to Aug. 24, 1955, XXXXXXXXXXXXXXXXXXXX and that death occurred at 4:55 P.M. from the causes and on the date stated above.

SIGNATURE Irving Freeman — ADDRESS — DATE SIGNED
IRVING FREEMAN, M.D. M.D. VAH, FORT HOWARD, MARYLAND 8-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 29, 1955	Baltimore National Cem.	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-26-55 — REGISTRAR'S SIGNATURE R. W. Dudrick — 24. FUNERAL DIRECTOR ADDRESS: Wm. Cook-Blight, Inc. 6009 Harford Road, Balto. 14, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

07492

MARYLAND 7500

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 FOREST DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 3 FOREST DRIVE

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) M. (Last) NANZ

4. DATE OF DEATH (Month) AUG. (Day) 13 (Year) 1955

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH SEPT. 28, 1868

9. AGE last birthday 86 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (State or foreign country) KENTUCKY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME WM. LOUDERBACK

14. MOTHER'S MAIDEN NAME MARGARET CALLAGHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Gordon Owens - 3 Forest Drive.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
Immediate cause (a) Art-Sclerotic C-V Disease — 1 yr?

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebro vascular Sclerosis — 1 yr
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fract hip — 1 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 19 55, to 8/12, 19 55, that I last saw the deceased alive on 8/12, 19 55, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE Victor F. Jury (Degree or title) ADDRESS DATE SIGNED 8/14/55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE 8/14/55 — NAME OF CEMETERY OR CREMATORY Maysville Cem. — LOCATION (City, town, or county) (State) Maysville, Kentucky

DATE REC'D BY LOCAL REG. 8-14-55 — REGISTRAR'S SIGNATURE V. E. Harvey

24. FUNERAL DIRECTOR Farley Funeral Home - Catonsville, Md. ADDRESS

I

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7511

Item 9, FilmG185 8-22-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 07493

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 54 Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Ivy Hall-Convalescing Home Balto 20 Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 447 N. Ellwood Avenue

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) (Last) OEST

4. DATE OF DEATH: (Month) August (Day) 16, (Year) 1955

5. SEX: M. 6. COLOR OR RACE: white 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed 8. DATE OF BIRTH: Aug. 16, 1868 9. AGE last birthday 86/87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Store Keeper 10B. KIND OF BUSINESS OR INDUSTRY: Self Employed 11. BIRTHPLACE (State or foreign country): Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Louis Oest 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -- 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Norma Killman, 447 N. Ellwood Avenue

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Cardio-Vascular disease — 3 yrs
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1955 to Aug 16, 1955 that I last saw the deceased alive on Aug 16, 1955, and that death occurred at 11:45 AM, from the causes and on the date stated above.

SIGNATURE Wm Blume gardner M.D. ADDRESS Balto 6 Md DATE SIGNED 8/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial DATE THEREOF 8/18/55 NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8/16/55 REGISTRAR'S SIGNATURE C W Hedrick Dep 24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St. Paul St.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07495

7502 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 3 mo. 7 d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carmody Hills 16X-2
STREET ADDRESS (If rural give location) 7507 Blaine St NE ✓

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) I (Last) PARKER

4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Separ.

8. DATE OF BIRTH: 8-16-1883

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaiah Parker

14. MOTHER'S MAIDEN NAME: Cora Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. unk

17. INFORMANT & ADDRESS: Records of Spring Grove St. Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X
IMMEDIATE CAUSE (A) Carcinoma of stomach with metastases — INTERVAL BETWEEN ONSET AND DEATH: about 2 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chron. Brain syndrome associated with senile brain disease

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21, 1955, to 8/28, 1955, that I last saw the deceased alive on 8/27, 1955, and that death occurred at 6:55 P.M, from the causes and on the date stated above.

SIGNATURE Bruno Radauskas M.D. ADDRESS 38 Maple Drive Catonsville Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 31, 1955 | NAME OF CEMETERY OR CREMATORY Evergreen | LOCATION (City, town, or county) (State) Bladensburg, Md

DATE REC'D BY LOCAL REGISTRAR 8/30/55 | REGISTRAR'S SIGNATURE Victor E. Harry | 24. FUNERAL DIRECTOR F. Gosche Sons, Hyattsville Md. | ADDRESS

Item 3: Film G189 12/5/55 dmr

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07494

: 74 52

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3009 Dundalk Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 3009 Dundalk Ave.

3. NAME OF DECEASED (Type or Print): (First) ANN Martha Anne (Middle) N. (Last) PARKER

4. DATE OF DEATH: (Month) August (Day) 25, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 13 1876

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nathaniel J. Gover

14. MOTHER'S MAIDEN NAME: Martha A. Parry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Della M. Turner Box 381 RT. 3, Belair

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

DO Boards Md Dep Health Exam - Dundalk - Md 8/26/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 30/55 | NAME OF CEMETERY OR CREMATORY: Oak Lawn | LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 8-29-55 | REGISTRAR'S SIGNATURE: RW Bodnick Deputy

24. FUNERAL DIRECTOR ADDRESS: Ullrich Funeral Home 2112 Dundalk Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07496

7503 CERTIFICATE OF DEATH Reg. Dist. No. 39

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Monkton, Rural
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Old York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Monkton, Rural X
STREET ADDRESS (If rural give location) Old York Rd.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Edwards (Last) Patterson

4. DATE OF DEATH: (Month) Aug. (Day) 18 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Jan. 10, 1881
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Curry
14. MOTHER'S MAIDEN NAME: Frances Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: John G. Patterson, Monkton, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Cardiac failure	2 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260 X	(B) Coronary Sclerosis DUE TO	years-
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes Mellitus	9 yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from Aug 2, 1955 to Aug 18, 1955, that I last saw the deceased alive on Aug 17, 1955, and that death occurred at 4.4 M, from the causes and on the date stated above.

SIGNATURE Elizabeth B. Shennill M.D. ADDRESS Cockeysville Md. DATE SIGNED 8/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 8-20-55
NAME OF CEMETERY OR CREMATORY St. James. Episcopal
LOCATION (City, town, or county) (State) Monkton, Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 19, 55
REGISTRAR'S SIGNATURE M. Elizabeth Gorsuch
24. FUNERAL DIRECTOR ADDRESS Brooks Funeral Service, Sparks, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07498

7504

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ruxton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sorrenson Nursing Home 7912 Ruxway Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 208 East 25th Street

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) (Last) PINDELL

4. DATE OF DEATH: (Month) August (Day) 28, (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: June 3, 1866
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Louis D. Sweeny
14. MOTHER'S MAIDEN NAME: Garrie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Cora Bauer, 2128 McElderry St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4221 IMMEDIATE CAUSE (A) Myocarditis Chronic Interus with DUE TO — 7 days.

ANTECEDENT CAUSE (B) Myocardial Hypertrophy. DUE TO — years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Atherosclerosis General. — years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: no operation
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State): no accident.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): none M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from Aug 17, 1955, to Aug 28, 1955, that I last saw the deceased alive on Aug 27, 1955, and that death occurred at 7.10 A M, from the causes and on the date stated above.

SIGNATURE James Graham Marston M.D. ADDRESS 516 Cathedral St DATE SIGNED Aug 29, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial
DATE THEREOF: 8/30/55
NAME OF CEMETERY OR CREMATORY: Green Mount Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-30-55
REGISTRAR'S SIGNATURE: H W Hedrick
24. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul St.

07499

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

75 '5

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Parkville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 2608 Burridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Parkville X
STREET ADDRESS (If rural, give location) 2608 Burridge Road /

3. NAME OF DECEASED (Type or Print): (First) Mr. (Middle) Robert (Last) Preisel
4. DATE OF DEATH: (Month) (Day) (Year) August 24th 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: Dec. 15, 1892
9. AGE last birthday: 62 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer Balto Co. Health Dept
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? John Preisel
14. MOTHER'S MAIDEN NAME: ? Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-01-6456
17. INFORMANT AND ADDRESS: Mrs. Mabel E. Preisel, 2608 Burridge Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary thrombosis — 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~8/24/55~~, 19~~—~~, to ~~—~~, 19~~—~~, that I last saw the deceased alive on 8/24/55, 19—, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harold A. Gott, M.D. 8100 Harford Rd. 8/26/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug. 27, 1955 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 8/26/55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

Dr. Grott
8100 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7506 **CERTIFICATE OF DEATH** 07500 45

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY BALTO, MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY BALTO

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAREWOOD PARK

STREET ADDRESS (If rural, give location) ROUTE 14 BOX 401

3. NAME OF DECEASED: (Type or Print) (First) AGNES (Middle) S. (Last) RAMSEY

4. DATE OF DEATH: (Month) AUG. (Day) 22 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 4-12-1877

9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: RICHARD MISNER

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: JOSEPH A. RAMSEY (ABOVE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

174 X

Immediate cause (a) Cancer of Uterus & Cervix — Interval Between Onset and Death: 5 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Heart Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. none

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 19 55, to Aug 22, 19 55, that I last saw the deceased alive on Aug 13, 19 55, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Irving R Beck M D ADDRESS 901 Fuselage Av Baltimore 27 Md DATE SIGNED 8-23-55

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL | DATE THEREOF: AUG. 23-55 | NAME OF CEMETERY OR CREMATORY: FISHERDALE - | LOCATION (City, town, or county) (State): COLUMBIA CO. PA.

DATE REC'D BY LOCAL REG. 8/23/55 | REGISTRAR'S SIGNATURE A. M. Pudritz

24. FUNERAL DIRECTOR John G. Connelly ADDRESS Cary

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7507 **CERTIFICATE OF DEATH** Reg. Dist. No. 075 07 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cockeysville Md
LENGTH OF STAY (in this place) 3 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Md. Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balt.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore X
STREET ADDRESS (If rural give location) 77 Dunkeirk Rd

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Hahn (Last) Redmond

4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Feb. 19 1879
9. AGE last birthday 76 yrs.
IF UNDER 1 YEAR Months 8 Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lawrence H Hahn
14. MOTHER'S MAIDEN NAME: Mary Braun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X
IMMEDIATE CAUSE (A) C - V - a. — 1 week
ANTECEDENT CAUSE (B) DUE TO Hypertensive Cardiovascular Disease — about 4 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1954 to Aug 19 1955 that I last saw the deceased alive on Aug 19, 1955, and that death occurred at 12 P. M, from the causes and on the date stated above.
SIGNATURE Thomas A. Moudy Jr. M.D. ADDRESS Cockeysville Md. DATE SIGNED Aug 20 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Aug 23 - 55
DATE THEREOF
NAME OF CEMETERY OR CREMATORY London Pk
LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR Aug 22, 1955
REGISTRAR'S SIGNATURE L. M. Schroeder
24. FUNERAL DIRECTOR Wm. Cook, St Paul & Preston St ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07502

7508

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Owings Mills

LENGTH OF STAY (in this place): 2 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 12 Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 3V01-4

STREET ADDRESS (If rural, give location): 520 West Berry Street √

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Baby	Boy	Reid	8	26	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	colored	single	8/4/54	1 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Grover Reid	Hattie (maiden name unknown) Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
— —	—	Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
756.2 Immediate cause	(a) Aspiration pneumonia	1 day
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Severe congenital malformation of mouth (cleft	birth
DUE TO		
	(c) palate) and brain.	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 19 55, to 8/26, 19 55, that I last saw the deceased alive on 8/26, 19 55, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE), ADDRESS	DATE SIGNED
Harry S. Butler M.D. Owings Mills Md	8/30/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	AUG 31 1955	U OF M MEDICAL SCHOOL	29 S GREEN ST MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Sept 1, 1955	Mary E Lineberg	Duffel Bros. 1800 E LOMBARD ST

07503

7509

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

M The correct age

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Lochearn | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3811 Oak Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. J. COUNTY Cumberland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bridgeton 67X-3
STREET ADDRESS (If rural, give location) 419 Irving Ave ✓

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) (Last) Reynolds
4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 55

5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.
8. DATE OF BIRTH April 18 1871
9. AGE last birthday 84 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocery
11. BIRTHPLACE (State or foreign country) Bridgeton N. J.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Enoch Reynolds
14. MOTHER'S MAIDEN NAME Annie Simons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Blanche Risinger 3811 Oak Ave Balto 7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X Immediate cause (a) (1) Primary Carcinoma of Stomach. — INTERVAL BETWEEN ONSET AND DEATH: 6 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) 2) Arterio Sclerotic Heart Disease — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan-15-55
19b. MAJOR FINDINGS OF OPERATION Anaplastic Carcinoma of Stomach
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1955, to Aug 26th, 1955, that I last saw the deceased alive on Aug 26, 1955, and that death occurred at 11.45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Earl L. Chambers M.D. 4108 Liberty Hts Baltimore 7 Md. 8-27-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Aug 29/55 | NAME OF CEMETERY OR CREMATORY Riverlawn Cemetery | LOCATION (City, town, or county) Bridgeton (State) N. J.

DATE REC'D BY LOCAL REG. AUG 27 1955 | REGISTRAR'S SIGNATURE Howard E. Martin Jr. | 24. FUNERAL DIRECTOR Loring Byers | ADDRESS 5005 Pk. Heights Balto. 15, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07504

7510

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 1yr5mo23days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegancy
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 01-02-2
STREET ADDRESS (If rural give location) 595 Valley Road ✓

3. NAME OF DECEASED: (Type or Print) (First) Shirley (Middle) Alice (Last) Rephann

4. DATE OF DEATH: (Month) (Day) (Year) August 12, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-16-1930
9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Geray
14. MOTHER'S MAIDEN NAME: Leona Blubaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
191X IMMEDIATE CAUSE	(A) Pulmonary metastases	Unknown
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Fibrosarcoma of right buttocks	Unknown
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20, 1954 to 8-12, 1955, that I last saw the deceased alive on 8-12, 1955, and that death occurred at 3 4 M, from the causes and on the date stated above.

SIGNATURE Gertrude J. Fleischmann M. D. ADDRESS Spring Grove DATE SIGNED 8.12.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) B
DATE THEREOF 8/15/55
NAME OF CEMETERY OR CREMATORY Family Plot
LOCATION (City, town, or county) (State) Frostburg Md

DATE REC'D BY LOCAL REGISTRAR 8-13-55
REGISTRAR'S SIGNATURE D.E. Haney
24. FUNERAL DIRECTOR Frostburg, ADDRESS Hafer Funeral Home

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7511

CERTIFICATE OF DEATH

07505

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 24 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 56 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE (4)
STREET ADDRESS (If rural give location) 8327 HILLENDALE ROAD

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) H. (Last) REYNOLDS

4. DATE OF DEATH: (Month) AUGUST (Day) 6, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 1-25-84

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN

10B. KIND OF BUSINESS OR INDUSTRY: B.&O. RAILROAD

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: RICHARD T. REYNOLDS

14. MOTHER'S MAIDEN NAME: CATHERINE M. JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 701-03-5073

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) CORONARY THROMBOSIS
ANTECEDENT CAUSE (S) DUE TO ARTERIOSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. THORACOTOMY & RESECTION ESOPHAGEAL DIVERTICULUM 2 DYS.

19A. DATE OF OPERATION: 8-4-55

19B. MAJOR FINDINGS OF OPERATION: THORACOTOMY & RESECTION ESOPHAGEAL DIVERTICULUM

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from JULY 13, 1955, to AUG. 6, 1955, [illegible] and that death occurred at 4:15 A.M. from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M.D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF AUG. 9, 1955 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEM. — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8-9-55 — REGISTRAR'S SIGNATURE R. U. Redrick

24. FUNERAL DIRECTOR AND ADDRESS: WM.COOK-BLIGHT, INC. FUNERAL HOME, 6009 HARFORD ROAD, BALTIMORE 14, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

7512

2411 N. Charles Street, Baltimore

07506

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Notch Cliff near Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Villa Maria Glenarm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff near Towson X
STREET ADDRESS (If rural, give location): Glenarm Rd 1

3. NAME OF DECEASED (Type or Print): (First) Sister Mary (Middle) Jacobin (Last) Ries

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 19 1864

9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Ries

14. MOTHER'S MAIDEN NAME: Catherine Weimar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Sr. M. Clara Notch Cliff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
Immediate cause (a) Broncho Pneumonia — Interval between onset and death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteno Sclerosis — 10 yrs
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952., to Aug 5, 1955., that I last saw the deceased alive on Aug 3, 1955., and that death occurred at 1.00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles F. O'Donnell MD — ADDRESS: 7501 York Rd — DATE SIGNED: 8/5/55.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 8-9-55. — NAME OF CEMETERY OR CREMATORY: VILLA MARIA CEM. — LOCATION (City, town, or county) (State): NOTCH CLIFF NR Towson

DATE REC'D BY LOCAL REG. BURIAL P. 9-55 — REGISTRAR'S SIGNATURE: D. W. Heald — 24. FUNERAL DIRECTOR: Charles S. Giles — ADDRESS: 901 S. Conkling St. Balto., 14, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07503

7513 **CERTIFICATE OF DEATH** Reg. Dist. No. 3

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cockeysville
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville X
STREET ADDRESS (If rural give location) York Rd.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Pleasant (Last) Riley

4. DATE OF DEATH: (Month) 8-13- (Day) (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 6-16-1884
9. AGE last birthday 71 yrs yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Co. Highway
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Riley
14. MOTHER'S MAIDEN NAME: Mary Jane ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: George H. Riley, Cockeysville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350X
IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Cerebral Thrombosis — 7 days
DUE TO (C) Parkinson's Disease — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1955, to Aug 13, 1955, that I last saw the deceased alive on Aug 12, 1955, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

SIGNATURE M. D. Burnett A. Dees ADDRESS Cockeysville DATE SIGNED 8-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-16-55
NAME OF CEMETERY OR CREMATORY Jessops Methodist
LOCATION (City, town, or county) (State) Sparks, Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 8/14/55
REGISTRAR'S SIGNATURE Wm. J. Chilcoat
24. FUNERAL DIRECTOR ADDRESS Brooks Funeral Service, Sparks, Md.
J. Scott Brooks

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7508

7514

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ft. Howard
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY a.a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena 02X-2
STREET ADDRESS (If rural give location) 18 Sanders Road

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) RITTER

4. DATE OF DEATH: (Month) August (Day) 20, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9-26-91

9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10B. KIND OF BUSINESS OR INDUSTRY: Fertilizer Business

11. BIRTHPLACE (State or foreign country): Staunton, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Ritter

14. MOTHER'S MAIDEN NAME: Josephine Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. 213-01-6878

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) ADENOCARCINOMA, LEFT LUNG WITH METASTASIS TO BONE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: APPROX. 8 MONTHS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from July 30, 1955, to Aug. 20, 1955, and that death occurred at 8:20 PM, from the causes and on the date stated above.

SIGNATURE Arthur G. Edwards
ARTHUR G. EDWARDS, M. D.

ADDRESS M. O. VAH, FORT HOWARD, MD.

DATE SIGNED 8/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-24-55

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) (State) Baltimore, 14, Maryland

DATE REC'D BY LOCAL REGISTRAR 8/25/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR AND ADDRESS Ullrich Funeral Home 2112 Dundalk Ave., Baltimore 22, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07509

7515 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ellicott City (rural)
LENGTH OF STAY (in this place) 64 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 River Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City (rural) X
STREET ADDRESS (If rural give location) River Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) JESSE WARNER RUFF Sr.

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 20, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: June 6, 1891
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George E. Ruff
14. MOTHER'S MAIDEN NAME: Mary E. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-14-6216
17. INFORMANT & ADDRESS: Mrs. Mary E. Ruff River Road Ellicott City, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X

IMMEDIATE CAUSE (A) Cerebral Thrombosis — 12 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Arteriosclerosis, generalized — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-19, 1955, to 8-20, 1955, that I last saw the deceased alive on 8-20, 1955, and that death occurred at 10:30 A M. from the causes and on the date stated above.
SIGNATURE Stephen Lee Mogness M. D. ADDRESS Catonsville 28 Md. DATE SIGNED 8-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8/23/55
NAME OF CEMETERY OR CREMATORY: Good Shepherd Cemetery
LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR: 8/22/55
REGISTRAR'S SIGNATURE: V. E. Harry
24. FUNERAL DIRECTOR: Easton Bond
ADDRESS: Catonsville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

07510

MARYLAND

STATE DEPARTMETT OF HEALTH

7516

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gwynbrook Ave.
MARYLAND
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Gwynbrook Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Beulah	E.	Rutter		Aug.	29	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W.	Widowed	Feb. 27, 1887	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Baltimore Co.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles E. Marshall
14. MOTHER'S MAIDEN NAME: Sarah E. Disney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Clifton Rutter, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

578X

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: few minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Virus infection of Gastro intestinal tract — 3 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 6-1-40, 19..., to 8-29-55, 19..., that I last saw the deceased alive on 8-28-55, 19..., and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Mary L. Sadtler M.D. ADDRESS Reisterstown Md. DATE SIGNED 8-29-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 31, 1955	Druid Ridge	Pikesville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-30-55	Mary B. Eline	J.F. Eline & Son's Reisterstown, Md.

ORIGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

07511

7403

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) — LENGTH OF STAY (In this place) UNK
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6743 HOLABIRD AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 6743 HOLABIRD AVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
STANLEY	JOSEPH	SABOY	AUG.	17,	19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	SINGLE	5 DEC. 1927	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. NAVY + MERCHANT MARINE	—	BALTIMORE, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH J. SABOY	CATHERINE S. WIAUBACH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES WW II.	218-22-9094	C.S. WIAUDICH - MOTHER - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.		INTERVAL BETWEEN ONSET AND DEATH
977X Immediate cause	(a) Self-Inflicted Multiple Lacerations	0 ft
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) The Neck - Arms + Abdomen	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Dundalk	Balto	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
8	17	55	7 p.m.			Self Inflicted Wounds w Razor Blade

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. W. Davis MD	Atty Med Exam	Dundalk-Md	8/17/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	AUG. 19, 1955	BALTO. NATIONAL CEM.	BALTO Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 17-1955	William M. Kelly	Walter Burke Bradley	Dundalk, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07512

7517 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 7yr. 1mo 22days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3701-4
STREET ADDRESS (If rural give location) 4017 Norfolk Avenue

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) (Last) Sapero

4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 3.13.1899 | 9. AGE last birthday 56 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan Miller | 14. MOTHER'S MAIDEN NAME: Lena Caplan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Michael Milla 3300 Powhatan Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 443X (A) Pneumonia

DUE TO

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive Cardiovascular Disease

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Organic Brain Syndrome

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16th, 1955, to Aug 23rd, 1955, that I last saw the deceased alive on 8.23.55, 19....., and that death occurred at 5.30p M, from the causes and on the date stated above.

SIGNATURE Lena Becker | ADDRESS M. D. | DATE SIGNED 8/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 25/55 | NAME OF CEMETERY OR CREMATORY Beth Tfiloh Cemetery | LOCATION (City, town, or county) (State) Balto, Md.

DATE REC'D BY LOCAL REGISTRAR 8/26/55 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Sol Levinson & Bros Inc. | ADDRESS Balto, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07513

7518 CERTIFICATE OF DEATH Reg. Dist. No. 38

THIS IS A PERMANENT RECORD. PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER DEATH.

1. NAME OF DECEASED (Type or Print): MRS OCTAVIA KELLUM SCALES
2. DATE OF DEATH: 8/27/55
3. PLACE OF DEATH: A. Baltimore City, Maryland 2450 ELLIS RD
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X Baltimore County
c. Length of stay in Baltimore: 00 Yrs. 40 Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md B. COUNTY BALTIMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE COUNTY X
D. STREET ADDRESS (If rural, give location): 2450 ELLIS Rd - 14
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: APRIL 16 1888
9. AGE (In years last birthday): 67 If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): NEW BERN N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: JAMES KELLUM
14. MOTHER'S MAIDEN NAME: ELIZABETH BALL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: DAUGHTER ADDRESS: SAME

M.L. CERTIFICATION

18. 170X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Carcinoma of Breast — 1 Yr
DUE TO C Skeletal Metastasis
(B) Cachexia, Anemia —
DUE TO
(C) Senility

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20. AUTOPSY? YES ☐ NO ☒

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUG 15 19 55 to AUG 27 19 55, that (I) (we) last saw the deceased alive on AUG 15 19 55, and that death occurred at 5:00 m., from the causes and on the date stated above.

23A. SIGNATURE: Broadus W. Mines M.D.
ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
23B. ADDRESS: 3009 Evergreen Ave Balto 4
23C. DATE SIGNED: 8/27/55

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: 8/28/55
24C. NAME OF CEMETERY OR CREMATORY: NEW BERN
24D. LOCATION (City, town, or county) (State): NORTH CAROLINA

DATE RECEIVED BY LOCAL REGISTRAR: AUG 28 1955
REGISTRAR'S SIGNATURE: Elsie M. Bacon
25. FUNERAL DIRECTOR: William J. Dukes & Sons ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07515

7519 CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 55 Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Mercy Villa

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C
STREET ADDRESS (If rural give location) 1451 Park Rd. 47X-3

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) J. (Last) Schermerhoen

4. DATE OF DEATH: (Month) 8 (Day) 21 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: Aug. 12 1868 | 9. AGE last birthday 87 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired.
10B. KIND OF BUSINESS OR INDUSTRY: Govt Employee
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Schermerhorn
14. MOTHER'S MAIDEN NAME: Catherine Doughtery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Miss Aileen Callaghan 2700 Conn. Ave Wash. D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1955 to Aug, 1955 that I last saw the deceased alive on 8/19/, 1955, and that death occurred at 6 A.M. from the causes and on the date stated above.
SIGNATURE M. K. Quinn M.D. ADDRESS Timonium DATE SIGNED 8/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/23/55 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) (State) Washington, D.C

DATE REC'D BY LOCAL REGISTRAR 8/22/55 | REGISTRAR'S SIGNATURE C. A. Hedrick | 24. FUNERAL DIRECTOR ADDRESS Wm J Pearner & Sons Park Ave Baltimore Md

VS. A15 — 10 - 53

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07516

7520

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Md
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 V 01-4
STREET ADDRESS (If rural give location) 436 N. Linwood Ave

3. NAME OF DECEASED: (Type or Print) (First) Magdalena (Middle) (Last) Schmuck
4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Widow
8. DATE OF BIRTH: Jan. 10 - 1884
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemaid
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo. Fuch
14. MOTHER'S MAIDEN NAME: Catherine Garhold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
IMMEDIATE CAUSE (A) Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arteriosclerotic — ?
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/ , 19 53 to Aug. , 19 55 that I last saw the deceased alive on July 31, 19 55, and that death occurred at 8:3 A M, from the causes and on the date stated above.
SIGNATURE Walter T. Cox M. D. ADDRESS Catonsville Md DATE SIGNED 8/1/55

23. BURIAL, ~~CREMATION, REMOVAL (SPECIFY)~~ DATE THEREOF 8/3/55 NAME OF CEMETERY OR CREMATORY Baltimore Cemetery LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/1/55 REGISTRAR'S SIGNATURE Laura M. Schroeder
24. FUNERAL DIRECTOR Hon. Cook, St Paul & Preston ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7521

07517

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Larchmont
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2401 Birch Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Larchmont X
STREET ADDRESS (If rural give location) 1
2401 Birch Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Jennie M. Shaffer

4. DATE OF DEATH: (Month) (Day) (Year) August 3, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: November 4, 1876

9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waynesboro, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wesley Phillips

14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Silver Spring, Maryland
Mr. John W. Shaffer, 2500 Ennalls Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypernephroma, left with Metastases — 6 months
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: April 1955

19B. MAJOR FINDINGS OF OPERATION (Maryland General Hospital) Hypernephroma, left with generalized metastases

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ....., 1954, to Aug. ....., 1955, that I last saw the deceased alive on August 1, 1955, and that death occurred at 10.15 P.M., from the causes and on the date stated above.

SIGNATURE Millard T. Trabold M.D. — ADDRESS 5101 Gwynn Oak Ave. Balt. 7 — DATE SIGNED 8/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF August 5, 1955

NAME OF CEMETERY OR CREMATORY Graceland Cemetery

LOCATION (City, town, or county) (State) Nes Castle, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 8-3-55

REGISTRAR'S SIGNATURE A. M. Rodkey

24. FUNERAL DIRECTOR — ADDRESS Wm J. Tickner & Sons, Balto. 17, Md.

7522

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS 3

07518

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govans; MARYLAND; LENGTH OF STAY (In this place) 55 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 435 Schwaltz Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govans; STREET ADDRESS (If rural, give location) 435 Schwaltz Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) E. (Last) Skinner

4. DATE OF DEATH: (Month) August (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 1 1892

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Pvt. family

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wallis F. Skinner

14. MOTHER'S MAIDEN NAME: Lavenia Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT (NAME AND ADDRESS): Wm. E. Skinner 435 Schwaltz Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F. O'Donnell MD 7501 York Rd. Towson 4 Md 8/13/55

BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: Aug. 16, 1955

NAME OF CEMETERY OR CREMATORY: Mt. Auburn

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 8-15-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Sand Funeral Home

ADDRESS: 1631 Sand Hill Ave.

7523

07519 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 18&21 Form G167 10-3-55 ans

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) App.29 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural, give location) 5408 Garland Avenue

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) M. (Last) Smith

4. DATE OF DEATH (Month) 8- (Day) 28 - (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	8-2-1892	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	USA

13. FATHER'S NAME: ~~Unknown~~ Michael J. Kalista

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Anna M. Holub

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Mr. August Smith, 5408 Gerland Ave #6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

904.7
Immediate cause (a) ~~PENDING~~ Subdural hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) laceration of the brain
DUE TO
(c) fall in syncope

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
8-28-55 M.		Fell on floor striking her head, appeared to have a fainting spell

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE Jos. M. Kieffer M. D. 1010 Leader Ave
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-29-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 31, 1955	Holy Redeemer Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-30-55	M. Hedrick	Leonard J. Ruck,	5305 Harford Road #14

Done

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

07520

MARYLAND 7524

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 College Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Virginia COUNTY Clark
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berryville
STREET ADDRESS (If rural, give location) 83 X-3

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Levenworth (Last) Smith
4. DATE OF DEATH (Month) 8 (Day) 29 (Year) 1955
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH 6-14-1874
9. AGE last birthday 81 yrs.
If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Petersburg Va.
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Fredrick Tesdody Levenworth
14. MOTHER'S MAIDEN NAME Elazia Clementina Lawarence
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Myocardial infarction — 3 days
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1955, to 29 Aug, 1955, that I last saw the deceased alive on 28 Aug, 1955, and that death occurred at 5:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ernest C. Brown M.D 1101 N. Calvert St, Balt-2 Md 29 Aug 55

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 1, 55
NAME OF CEMETERY OR CREMATORY Greenhill
LOCATION (City, town, or county) (State) Berryville Va.

DATE REC'D BY LOCAL REG. Aug. 31, 1955
REGISTRAR'S SIGNATURE Anna R. MacRae
24. FUNERAL DIRECTOR C. J. Enders ADDRESS Berryville, Va

ORIGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07521

7525

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 1mo.9days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 W 21-4
STREET ADDRESS (If rural give location) 412 South Payson Street

3. NAME OF DECEASED: (Type or Print) (First) Hannah (Middle) Liebold (Last) Snyder

4. DATE OF DEATH: (Month) August (Day) 24, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1-27-1883

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Liebold

14. MOTHER'S MAIDEN NAME: Annie Liebold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

IMMEDIATE CAUSE (A) Coronary thrombosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic heart disease DUE TO

(C) Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15- , 1955, to 8-24- , 1955, that I last saw the deceased alive on 8-24- , 1955, and that death occurred at 2:10 PM, from the causes and on the date stated above.

SIGNATURE Stella Wachsler M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Augus 27/55

NAME OF CEMETERY OR CREMATORY Mount Olivet

LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/26/55

REGISTRAR'S SIGNATURE E. Harvey

24. FUNERAL DIRECTOR George L. Schwab ADDRESS 2101 Frederick Ave

MARYLAND STATE DEPARTMENT OF HEALTH

07522

7526

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

Item 12, Film G185, 8-24-55 bh

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the pines 16 Fusting Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 115 Fairfield Dr.

3. NAME OF DECEASED (Type or Print): (First) Ferdinand (Middle) V. (Last) Spillner
4. DATE OF DEATH (Month) Aug. (Day) 4 (Year) 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Widower	Oct. 21, 1878	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Policeman
10b. KIND OF BUSINESS OR INDUSTRY: Balto. City
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Johanna E. Sapp, 115 Fairfield Dr. Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443X Immediate cause	(a) Cerebral Hemorrhage	45 Mi
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Disease & Hypertension	10 Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — 10 Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/22, 1953, to 8/4, 1955, that I last saw the deceased alive on 7/23, 1955, and that death occurred at 1030A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Eliot W. Johnson MD 3432 Sudbrook Lane 8/4/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 8/55	Loudon Pk.	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-8-55	V. E. Harvey	Harry A. Deitzler, 4101 Edmondson Ave.

MARYLAND

7527

07523

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 38

Item 2, FilmG185 8-15-55 et

1. PLACE OF DEATH
COUNTY: BALTO. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 55 TOWSON
LENGTH OF STAY (in this place): 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 MERCY VILLA-BELONA AVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. | COUNTY: Harf.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE Aberdeen P.G. 12X-2
STREET ADDRESS (If rural, give location): KIRKWEY/VILLA/ROLAND/AVE.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ANNA	E.	SPRAKER	8 -	4	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
F	W	W.D.W	JULY 4, 1876	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	MD.	

13. FATHER'S NAME: JOHN WETZLER

14. MOTHER'S MAIDEN NAME: THERESIA DUMLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Rev. Howard Spraker - Owensville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

Immediate cause (a) Cancer of Liver, Metastatic,

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☑	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 3, 1952, to Aug 4, 1955, that I last saw the deceased alive on Aug 4, 1955, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William L Helfrich MD ADDRESS: 5006 Roland Av, Balto DATE SIGNED: Aug 6 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-8-55	Cathedral Cem.	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
AUG 6 1955	Mabel Wagner	Turley Funeral Home - Catonsville	Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07524

7528

CERTIFICATE OF DEATH

Reg. Dist. No. 39

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Phoenix, Rural
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Phoenix, Rural X
STREET ADDRESS (If rural give location) Paper Mill Rd.

3. NAME OF DECEASED: (Type or Print) (First) Etta (Middle) May (Last) Stevens

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widow
8. DATE OF BIRTH: 12-9-1874
9. AGE last birthday 80 yrs yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Benedict
14. MOTHER'S MAIDEN NAME: Elizabeth Goodell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Maude E. Meyer, Phoenix, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 002X (A) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Instant.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Bilateral Pulmonary Tbc. — ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19..., to 8-14-, 1955 that I last saw the deceased alive on 8-14-, 1955 and that death occurred at 6 P M, from the causes and on the date stated above.

SIGNATURE Robert H. Hurie M. D. ADDRESS 3105 N. Charles St. DATE SIGNED 8-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-17-55
NAME OF CEMETERY OR CREMATORY Vale Cemetery
LOCATION (City, town, or county) (State) Schenectady, New York

DATE REC'D BY LOCAL REGISTRAR 8/15/55
REGISTRAR'S SIGNATURE M. Elizabeth Gosnell
24. FUNERAL DIRECTOR ADDRESS Brooks Funeral Service, Sparks, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07525

7529

CERTIFICATE OF DEATH

Reg. Dist. No. 35-

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cockeysville
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Offutt Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkton X
STREET ADDRESS (If rural give location) York Road 1

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Roseanna (Last) Stiffler

4. DATE OF DEATH (Month) Aug. (Day) 3 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Sept. 10, 1871
9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Stover Cross
14. MOTHER'S MAIDEN NAME: Emma (Emily) B. Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Miss Emily Stiffler, Parkton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) Cerebral hemorrhage — 7 days
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) arteriosclerosis
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1955, to Aug 3, 1955, that I last saw the deceased alive on Aug 3, 1955, and that death occurred at 11:30 A.M. from the causes and on the date stated above.
SIGNATURE Elizabeth B. Merrill M.D. ADDRESS Cockeysville, Md. DATE SIGNED 8/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug. 5 1955
NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery
LOCATION (City, town, or county) (State) Parkton, Balto. Co. Md.
DATE REC'D BY LOCAL REGISTRAR Aug 4 1955
REGISTRAR'S SIGNATURE Charles L. Easton
24. FUNERAL DIRECTOR Jacob Hartenstein
ADDRESS New Freedom, Pa.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

07526

MARYLAND STATE DEPARTMENT OF HEALTH

7530

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TIMONIUM — LENGTH OF STAY (In this place) 22 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 CROWTHER AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TIMONIUM
STREET ADDRESS (If rural, give location) 1 CROWTHER AVE. 1

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) ELISHA (Last) STRITTMATTER
4. DATE OF DEATH: (Month) AUG. (Day) 28 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		6-16-14	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TOOL MAKER	GLENN L. MARTIN	PA.	USA

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		211-10-4436	WIFE, SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 3 HRS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William A. Pillsbury	M.D.	Timonium	8/28/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-31-55	Wesley Chapel	Monkton, Balto Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/30/55	Wm. J. Chilcoat	Brooks Funeral Service	Sparks, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07527

7531

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mount Wilson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 02 Mt Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural give location) 1240 Hilldale Avenue 6

3. NAME OF DECEASED: (First) CASPER (Middle) CHRISTOPHER (Last) THOMAS
4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	WIDOWED	5-19-1884	71 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BRASS MOLDER	Brass works	Maryland	U.S.A.

13. FATHER'S NAME: Edward Thomas
14. MOTHER'S MAIDEN NAME: Mary Agnes Leitze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
NO		217-26-0815	Mt. Wilson State Hosp. Hospital Records, Mt. Wilson, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
002X IMMEDIATE CAUSE	(A) FAR ADVANCED PULMONARY TUBERCULOSIS	
ANTECEDENT CAUSE (S):	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	UREMIA	

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2-, 1955, to 8-26-, 1955, that I last saw the deceased alive on 8-26-, 1955, and that death occurred at 6-20 AM, from the causes and on the date stated above.

SIGNATURE William Newcomer ADDRESS M. D. Mt Wilson State Hospital Mt Wilson Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	AUG. 30, 1955	PARKWOOD CEMETERY	BALTIMORE MARYLAND.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-5-55	C W Hedrick	HENRY SANDER & SONS INC BALTIMORE MARYLAND.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07528

7532 CERTIFICATE OF DEATH Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) Box 226 Route 15 Middle River (20)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Utikal

4. DATE OF DEATH (Month) (Day) (Year) August 5, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.0 (A) Cerebrovascular accident

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic heart disease — Years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1- , 1955 to 8-5- , 1955 that I last saw the deceased alive on 8-5- , 1955, and that death occurred at 1 P. M, from the causes and on the date stated above.

SIGNATURE S. Wachsler M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-8-1955

NAME OF CEMETERY OR CREMATORY Druid Ridge

LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR AUG 8 1955

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07529

7533

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River 54
STREET ADDRESS (If rural give location) 1135 Orems Road /

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) CAROLINE (CARRIE) VIESEHON

4. DATE OF DEATH: (Month) (Day) (Year) August 10 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: October 4, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Lewis

14. MOTHER'S MAIDEN NAME: Anna Leary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: St. Andrew's Convent Sister Clarinda, SSND, 727 N. Washington St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 420.1	(a) Acute pulmonary edema	10 mins
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary artery disease	several yrs
	DUE TO (c) Myocardial fibrosis, hypertrophy	several yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to Aug 10, 1955, that I last saw the deceased alive on Aug 8, 1955, and that death occurred at 8/10/55 10:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Blatt MD ADDRESS 434 Eastern Ave Balt, Md DATE SIGNED 8/12/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 13, 1955 NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 8-12-55 REGISTRAR'S SIGNATURE C. W. H. Edwards

24. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07530

7534

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 200 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 866 W. BALTIMORE ST. √

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) W. (Last) VOLTZ

4. DATE OF DEATH: (Month) AUGUST (Day) 13 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 9/8/97

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FREDERICK W. VOLTZ

14. MOTHER'S MAIDEN NAME: KATHERINE SMALLWOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 215 14 4299

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 161X

IMMEDIATE CAUSE (A) CARCINOMA, LARYNX

INTERVAL BETWEEN ONSET AND DEATH 17 Months

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

(002X)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PULMONARY TUBERCULOSIS

19A. DATE OF OPERATION: 3/7/55

19B. MAJOR FINDINGS OF OPERATION EXCISION OF TISSUE FROM LEFT CERVICAL MASS FOR BIOPSY.

20. AUTOPSY? YES ☐ NO [X]

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from JAN. 25, 1955, to AUG. 13, 1955, ~~that I last saw the deceased alive on ..., 19...~~, and that death occurred at 12:05 AM. from the causes and on the date stated above.

SIGNATURE Joseph A. Baranowski M.D. JOSEPH A. BARANOWSKI, M.D. M.D.

ADDRESS VAH, FORT HOWARD, MD.

DATE SIGNED 8/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF Aug. 16, 1955

NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL

LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8-15-55

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR WM.COOK*BLIGHT FUNERAL HOME

ADDRESS 6009 HARFORD RD. BALTIMORE, MD.

7535 MARYLAND STATE DEPARTMENT OF HEALTH 07531

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville, Md — LENGTH OF STAY (in this place): 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ridgeway Manor Nursing Home 92

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 3V01-4
STREET ADDRESS (If rural, give location): 1103 W. Baltimore St

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) (Last) Vrubble
4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct 7, 1884
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10b. KIND OF BUSINESS OR INDUSTRY: Shop
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Morris Vrubble
14. MOTHER'S MAIDEN NAME: Ella?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-01-3584
17. INFORMANT: Albert Schlecter - 3813 W. Cold Spring Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181X
Immediate cause (a) Carcinoma of Urinary Bladder — about 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1955, to Aug 4, 1955, that I last saw the deceased alive on Aug 4, 1955, and that death occurred at 7.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Harry Glassman — 2687 Madison Ave

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE THEREOF: Aug 7/55 | NAME OF CEMETERY OR CREMATORY: Hebrew Friendship | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: AUG 7 1955 | REGISTRAR'S SIGNATURE: Huntington Williams M.D. / Victor E. Harry | 24. FUNERAL DIRECTOR: Sol Levinson & Bros. Inc | ADDRESS: 1124-26 W North Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07532

Item 16 Film G186 9-16-55 et

7536

CERTIFICATE OF DEATH

Reg. Dist. No. X4

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 125 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 55 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 790 W. SARATOGA STREET

3. NAME OF DECEASED: (First) VINCENT (Middle) (NMI) (Last) WATERS

4. DATE OF DEATH: (Month) AUGUST (Day) 17 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 7-13-97

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELDER

10B. KIND OF BUSINESS OR INDUSTRY: STEEL COMPANY

11. BIRTHPLACE (State or foreign country): NEW YORK CITY, NEW YORK

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ROBERT WATERS

14. MOTHER'S MAIDEN NAME: ZELIA MN: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 6346 217-01-6345

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X IMMEDIATE CAUSE (A) CARCINOMA OF BLADDER WITH METASTASIS — INTERVAL BETWEEN ONSET AND DEATH: 13 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 14, 1955, to AUG. 17, 1955, [redacted] and that death occurred at 2;45P M, from the causes and on the date stated above.

SIGNATURE Joseph M. Miller — ADDRESS — DATE SIGNED

JOSEPH M. MILLER, M.D., CHIEF, SURGICAL SERVICE M. D. VAH, FORT HOWARD, MD. 8/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/22/55 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8/22/55 — REGISTRAR'S SIGNATURE H. A. Hedrick

24. FUNERAL DIRECTOR CHARLES R. LAW MORTUARY — ADDRESS 802-04 MADISON AVE. BALTO. MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07533

CERTIFICATE OF DEATH

7537 Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (In this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 1839 KAVANAUGH STREET

3. NAME OF DECEASED: (First) EARL (Middle) (Last) WATTS

4. DATE OF DEATH: (Month) AUGUST (Day) 24 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 3-28-03

9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER

10B. KIND OF BUSINESS OR INDUSTRY: FRUITS & VEGETABLES

11. BIRTHPLACE (State or foreign country): HARMANS, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ERNEST WATTS

14. MOTHER'S MAIDEN NAME: CARRIE LEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 218-07-8271

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 442X (A) HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C) (1) OTHER CONDITIONS: ARTERIOLARSCLEROTIC NEPHRITIS — UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH (2) BRONCHOPNEUMONIA — 3 DAYS
(3) EROSIVE GASTRITIS & EROSIVE CYSTITIS — UNKNOWN
(4) PROSTATIC CALCULI — UNKNOWN

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from AUG. 15, 1955, to AUG. 24, 1955, and that death occurred at 1:00 A M, from the causes and on the date stated above.

SIGNATURE Irving Freeman ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-24-55

IRVING FREEMAN, M.D. M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 8/26/55 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY — LOCATION (City, town, or county) BALTIMORE, MARYLAND (State)

DATE REC'D BY LOCAL REGISTRAR 8/25/55 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS CHARLES R. LAW, MORTUARY, 802-04 MADISON AVE., BALTIMORE 1, MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07535

7538 CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: OU

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville X
STREET ADDRESS (If rural give location): 3020 Hiss Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): J West Weber AKA John Westphale Weber

4. DATE OF DEATH: (Month) (Day) (Year): Aug 28/55 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	June 12x1916	39 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Television	service	Baltimore	

13. FATHER'S NAME: J Arthur Weber

14. MOTHER'S MAIDEN NAME: Julia Murray

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes ✓	W W 2	212 05 6081	Mrs Bernice Weber 3020 Hiss A ve

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Metastatic Squamous cell Carcinoma of cervical	1 year
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Pharynx Cervical Spine Glynph Nodes, Lepr.	
	DUE TO (c) Squamous cell Carcinoma Pelvic Peritoneum Salivary Gland	2 years 1 Month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 1953	Squamous cell Carcinoma Gland - Pelvic Cervical Lymph Node	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	CITY OR TOWN	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to Aug 28, 1955, that I last saw the deceased alive on Aug 27, 1955, and that death occurred at 11:30 A M, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William R. Speight	M.D.	10 E Biddle St Balto	Aug 29/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	Aug 31/55	Balto National	Baltimore	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-31-55	[signature]	Ullrich Funeral Home	4210 Belair Road

Drew

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07536

CERTIFICATE OF DEATH

7539

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural, give location) 2611 Keyworth Avenue √

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) (Last) Weiner

4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6/22/31

9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Weiner

14. MOTHER'S MAIDEN NAME: Edna Goldstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 540.1	(a) Peritonitis due to perforating chronic	8 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) gastric ulcer	unknown
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Congenital cerebral spastic infantile paraplegic

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/23, 19 55, to 8/23, 19 55, that I last saw the deceased alive on 8/23, 19 55, and that death occurred at 6:05 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Harry G. Butler MD ADDRESS Owings Mills, Maryland DATE SIGNED 8/23/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Aug 24/55 | NAME OF CEMETERY OR CREMATORY Sodtra Cony Cemetery | LOCATION (City, town, or county) (State) Bowlys Lane Balto Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE Sept 1 1955 Wm. Diedrich

24. FUNERAL DIRECTOR Sol Furman + Bro Inc ADDRESS 1124 W North ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07537

7540

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: BALTIMORE COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 CATONSVILLE
LENGTH OF STAY (in this place) 8/11/55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 CATON RIDGE NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO. 3Y01-4
STREET ADDRESS (If rural give location) 711 LINNARD ST.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J. (Last) WHITE, JR.

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1955

5. SEX: M

6. COLOR OR RACE: WH.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: AUG. 20, 1896

9. AGE last birthday 58 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAWYER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTO. MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN J. WHITE SR.

14. MOTHER'S MAIDEN NAME: BRIDGET.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MRS DORETTA WHITE, 711 LINNARD ST.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350X

IMMEDIATE CAUSE (A) PARKINSON'S DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 7 YRS.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 8, 1955 to AUG 16, 1955, that I last saw the deceased alive on AUG. 15, 1955, and that death occurred at 8:05 A.M., from the causes and on the date stated above.

SIGNATURE Marvin Goldstein M. D. ADDRESS 5334 Liberty Heights Ave. DATE SIGNED 8/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF AUG. 19/55 — NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL — LOCATION (City, town, or county) BALTO. MD. (State)

DATE REC'D BY LOCAL REGISTRAR 8-17-55 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Harry H. Witzke — ADDRESS 4101 EDMONDSON AVE.

7541
Items 2,7,24 Film 185 8-15-55 et

07538
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Kingsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 1 in S Kingsville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY?
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Odd
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Stanley (Middle) W. (Last) White.

4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH:

9. AGE last birthday: 37 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Both Completely burned, feet Off, Excoriation — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Skull & many bones fractured — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, ~~farm, factory~~, OF street, ~~office bldg.~~, etc., INJURY

21c. (City or town) Near Kingsville (County) Balto (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Aug 1 55 9½ A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Auto, hit telephone pole

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. M. Learmont — ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ M. D. — DATE SIGNED ☐

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Aug. 4, 1955 — REGISTRAR'S SIGNATURE Walter Hammett

24. FUNERAL DIRECTOR — ADDRESS Lassahn Funeral Home, Balto., Md.

Copy to Med. Rec., ~~Health~~

MARYLAND STATE DEPARTMENT OF HEALTH

07539

2411 N. Charles Street, Baltimore

7407

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus 51
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1107 Sulphur Spring Rd. 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus 51
STREET ADDRESS (If rural, give location) 1107 Sulphur Spring Rd. 1

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) A. (Last) Williams

4. DATE OF DEATH: (Month) Aug. (Day) 26, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 19, 1870

9. AGE last birthday: 84 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): A.A.Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Jacob Miller

14. MOTHER'S MAIDEN NAME: Phoebe Stocket

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Julia Phillips 1107 Sulphur Spring Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Mitral Insufficiency — Interval Between Onset and Death: 36 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Renal Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20/, 1955, to 8/26/, 1955, that I last saw the deceased alive on 8/26/, 1955, and that death occurred at 1.30 P m., from the causes and on the date stated above.

SIGNATURE: C. J. Maloney (Degree or title) M.D. ADDRESS 57 Winterset Ave. Balto 28 DATE SIGNED 8/26/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/30/1955

NAME OF CEMETERY OR CREMATORY: Western Star Cem.

LOCATION (City, town, or county) (State): Catonsville Md.

DATE REC'D BY LOCAL REG. 8/30/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Mrs Katie R. Williams ADDRESS 322

7542

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07540 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loreley
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Forge Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Loreley
STREET ADDRESS (If rural, give location) Forge Road

3. NAME OF DECEASED: (First) ISAAC (Middle) (Last) Williams
4. DATE OF DEATH (Month) 8 (Day) 21 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	Jan. 12, 1888	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Williams
14. MOTHER'S MAIDEN NAME: Maria Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-20-8408
17. INFORMANT & ADDRESS: M's Bessie Williams Forge Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Ca of Prostate c Metastasis to	
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Brain	
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
June-1955	Ca of Prostate	

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE M D Davis M.D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8/22/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-24-55	Asbury Cem.	Loreley, Balto. Co., Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/23/55	C. M. Hedrick	Mr. Francis A. Hensley	538 S. Bidder St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07541

7543 CERTIFICATE OF DEATH Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) X MONKTON
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Big Falls, Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MONKTON X
STREET ADDRESS (If rural give location) Big Falls Rd. X

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (MOLLIE) J. (Last) WILSON

4. DATE OF DEATH: (Month) AUG (Day) 8 (Year) 1955

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: MAR. 1. 1879

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob SMITH

14. MOTHER'S MAIDEN NAME: MATILDA JONES

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: ALMIRA MEYERS - MONKTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.1 Cardio-Vascular Disease — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Aug 5, 1955, that I last saw the deceased alive on 5/5/55, 19..., and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T. McFrance M.D. Parkton Md 8/8/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8/11/55 NAME OF CEMETERY OR CREMATORY Pine Grove LOCATION (City, town, or county) (State) White Hall, Md.

DATE REC'D BY LOCAL REGISTRAR 8-9-55 REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm. J. Chatman, Jr. ADDRESS 1701 McCulloh St. Balto. Md.

8/5

7544

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07542 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 7
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6017 Gwynn Oak Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto. 7 (Woodlawn)
STREET ADDRESS (If rural, give location) 6017 Gwynn Oak Ave.

3. NAME OF DECEASED: (First) ETHEL (Middle) ANNE (Last) WOEHLKE

4. DATE OF DEATH (Month) Aug (Day) 16 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 13, 1875

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Prince Frederick, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Geo. Woehlke - 6017 Gwynn Oak.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary artery Disease — Interval Between Onset and Death: 1 yr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Hypertensive C-V. Disease — 12 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Obesity — 20 yrs

19a. DATE OF OPERATION: None.

19b. MAJOR FINDING OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY None.

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None, M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? None.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A. D. Coplin M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8/19/1955

NAME OF CEMETERY OR CREMATORY Holy Cross

LOCATION (City, town, or county) (State) G.G. Co. Md.

DATE REC'D BY LOCAL REG. 8-16-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Flynn & Fleming

ADDRESS 1426 Light St.

Omar

07543

7545

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rockdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3623 Florida Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale X
STREET ADDRESS (If rural, give location) 3623 Florida Rd. /

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) A. (Last) YEAGER

4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 7, 1884

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo. R. Watts

14. MOTHER'S MAIDEN NAME: Genevieve Dilloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mr. Edward W. Yeager - 3623 Florida Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset and Death: 9 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — 4 years

(c) High Blood Pressure — 14 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: No Operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1941, to Aug 13, 1955, that I last saw the deceased alive on Aug 12, 1955, and that death occurred at 1245 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joshua H. Armacost M.D. ADDRESS 6419 Windsor Mill Rd Baltimore 7 Md DATE SIGNED 8-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/16/55 — NAME OF CEMETERY OR CREMATORY: Oaklawn Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 8-15-55 — REGISTRAR'S SIGNATURE C. W. Bedrick

24. FUNERAL DIRECTOR: Wm. J. Pickwell & Sons. — ADDRESS: Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07544

7546

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
   COUNTY: Baltimore Co. — MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): 55 Towson
   LENGTH OF STAY (in this place): 5 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 13 Sheppard & Enoch Pratt Hosp. Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — 3V01-4
   STREET ADDRESS (If rural give location): 2908 Rueckert Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Catherine Elizabeth Hildebrand Young

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: February 14, 1873

9. AGE Last birthday: 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon Hildebrand

14. MOTHER'S MAIDEN NAME: Elizabeth Stein

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (420.1)	(a) CORONARY OCCLUSION	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) GENERALIZED ARTERIOSCLEROSIS	10 YEARS
	DUE TO (c) & CHRONIC BRAIN SYNDROME.	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug, 19 55, to 6 Aug, 19 55, that I last saw the deceased alive on 6 Aug, 19 55, and that death occurred at 10:23 AM from the causes and on the date stated above.

SIGNATURE (Degree or title): Harry M. Murdock M. D. — ADDRESS: Sheppard Pratt Hosp. — DATE SIGNED: 6 Aug 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/9/'55 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Balto., Md

DATE REC'D BY LOCAL REGISTRAR: 8-9-55 — REGISTRAR'S SIGNATURE: D. Lee Hodock

24. FUNERAL DIRECTOR — ADDRESS: L. J. Ruck, Inc. 5305 Harford Rd, Balto

Duer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07545

7547

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cockeysville Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Md. Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3Y01-4
STREET ADDRESS (If rural give location) 1737 E. Lanvale St

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Susan (Last) Zurmehl

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~. (Specify):

8. DATE OF BIRTH: May 3-1863

9. AGE last birthday 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Kaflinski

14. MOTHER'S MAIDEN NAME: Sarah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Arteria Sclerotic

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cardio Vascular DUE TO

(C) Disease

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs -

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1952 to Aug 27 1955 that I last saw the deceased alive on Aug 27, 1955, and that death occurred at 11:45 P.M, from the causes and on the date stated above.

SIGNATURE Walter J. Klus M. D. ADDRESS Cockeysville Md DATE SIGNED 8/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF Aug. 30-1955 NAME OF CEMETERY OR ~~CREMATORY~~ Loudon Pk. Cemetery LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug 30, 1955 REGISTRAR'S SIGNATURE L. M. Schroeder

24. FUNERAL DIRECTOR Wm Cook, St Paul & Preston St ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING